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"For many fortunate discoveries in medicine, and for the detection of numerous errors, the world is indebted to the rapid circulation of Monthly "Journals; and there never existed any work to which the faculty in "EUROPE and AMERICA were under deeper obligations than to the "Medical and Physical Journal of London, now forming a long, but an "invaluable series."—RUSH.

To the Editor of the Medical and Physical Journal.

SIR,

PERMIT me, through your valuable Journal, to return my best thanks to Mr. Abel of Halesworth, for his paper in your Journal of last August, claiming for me, in answer to Dr. Kinglake, the priority of suggesting a practice in hydrophobia, founded on a similarity between this disease and gastritis; and to correct the typographical error in his name, which is Abel and not Aber. This gives me an opportunity of acknowledging Dr. Kinglake's candid reply to Mr. Abel; and also to notice an error of the press in Dr. Kinglake's paper, where Barrett occurs for Borrett.

I must apologize to Dr. Adams for having been prevented by my engagements from paying earlier attention to his paper, by which he has given us to understand, that in his second edition of Morbid Poisons, page 380, he had anticipated the similarity of disease between gastritis and hydrophobia, and there recommended the *Auxilium anceps* of Celsus to be pushed much further than hitherto attempted. The doctor thus deprives me of the little merit to which I might have considered myself before entitled, of contrasting the two diseases, and grounding, upon the positive existence of inflammation of the stomach in hydrophobia, (which inflammation was discovered by examination, and, perhaps, was not known by him to exist when he wrote upon Morbid Poisons, and which indeed he now seems to doubt) the modus medendi, bleedings ad deliquium animi. Thus, in the moments of speculative fancy, he takes from me the reward of hours of labor: is not this very hard, that he, while soaring in these light airy regions, should, like the kite, pounce down upon his prey, and betray his rapacity?

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I have only Dr. Adams's first edition of Morbid Poisons, and therefore have not been able to see whether, in his latter work, he has directed the mind to the similarity of the two diseases, by comparing the symptoms which take place in hydrophobia with those of gastritis, viz. the great pain in the hypogastric region, particularly under the cartilago ensiformis; the small, hard, and quick pulse, sometimes intermitting; the great prostration of strength in a few hours, so very remarkable in both diseases; painful hiccough; and that liquids, if they are swallowed, are as generally vomited, while the features of the sufferers in both diseases are strikingly alike distressing, &c. &c.

If, by thus contrasting the two diseases, the *Auxilium anceps* of Celsus had followed as the only remedy, I would readily have admitted Dr. Adams's claim to priority in recommending bleeding as the only remedy in hydrophobia; but it is not merely bleeding,—*it is the time, the extent, and the manner, in which the operation is performed.*

Dr. Adams having laid claim to this, the most important part of my paper, in my estimation, published March 14, 1809, vol. xxi. of the Medical and Physical Journal, begins his animadversions upon it, by doubting the presence of inflammation of the stomach in the case of Elizabeth Kirk, as well as in that of Dr. Pinckard's, &c. because Mr. Hunter's account, he says, of the digestion of the stomach after death, accords with most of the appearances described by us as inflammation of the stomach in hydrophobia and its consequences.

I have not Mr. Hunter's Animal Economy, 2d edition, to which Dr. Adams refers me, and I think if I had, I should not be induced by its perusal to attribute, with him, the appearances of the stomach described in my case of hydrophobia *to digestion* after death, rather than inflammation, as Dr. A. would willingly have me believe, for the following reasons:—Whoever will refer to my case, or the quotation from it by Dr. A. will observe, that the parts described as particularly inflamed are the *œsophagus at its cardiac extremity, the cardia, and for the breadth of the palm of the hand, more particularly around the cardia,* and extending towards the large end of the stomach. By this description I meant to confine the appearances of inflammation to the cardiac portion of the stomach and its smaller curvature, according to its natural situation, to the upper part of the stomach, and not the large end and curvature, for there the marks of inflammation, if any, were very faint. It must be evident that the solution of the stomach by its *gastric fluid* after death must be greatest at the most depending part, where the

the fluid would rest; and this would be about the larger curvature, and great end of the stomach, and which is so expressed by Dr. Adams's quotation from Mr. Hunter's Animal Economy; but at this very part, the appearances of the stomach in Elizabeth Kirk's case were natural, or nearly so.

I am much obliged to Dr. A. for his long quotation from Mr. Hunter, by which I learn that "there are few dead bodies in which the stomach at its great end is not in some degree digested, and one who is acquainted with dissection can easily trace the gradations." The doctor goes on to remark, "these gradations depend very much on the season of the year, and the mode of dying. If in the summer, the patient being in previous high health, and killed by violence soon after a meal, the substance of the stomach is sometimes *completely* eroded; but this is rare." Indeed I think it is rare, if I may judge from the following solitary instance to the contrary. The convict Hannah, aged 64, of athletic stature, was executed at Yarmouth on Monday, Sept. 6th, 1813, at twelve o'clock at noon, for the murder of his wife, and his body given to the surgeons for dissection. He had been in prison from the 15th of April, on which day the murder was committed. He was in full health and spirits, for he seemed not to apprehend the danger of his situation (not expecting death); and was supplied by his relations until the day of his condemnation, Friday the 3d preceding his execution, with a bottle of porter per day, and plenty of meat. From the Friday that he received his sentence, until he was executed on the Monday (three days), he had one pound of white bread per day, and water, which bread he regularly ate, and a part even on the morning of his execution, so that we have here a case exactly in point, *a man in good health, killed by violence, in hot weather, and after a meal.* The body was submitted to dissection the following morning (Tuesday), and on the Wednesday morning, eight o'clock, forty-four hours after he was executed, the abdominal cavity was opened; the stomach, and part of the œsophagus and duodenum were removed from the body, and carefully and minutely examined, as it was expected that the stomach would be found *completely* eroded, at least somewhat digested at its large end and larger curvature, as Dr. Adams represents; but after a most diligent search with several of my surgical friends (three of whom had lately been in the habits of constant dissection), not the smallest abrasion of the villous coat, or "altered appearance of the inner surface of the great end of the stomach, with the other parts of its inner surface," could be discovered; nor certainly

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were there any of the diseased appearances described by me in the stomach from hydrophobia.

The stomach of Hannah showed a regular arterial congestion on its inner surface, more marked towards the pylorus, in the course of the different branches, given off by its arteries the gastro-epiploic. Thus it is manifest that digestion of the stomach, under the most favored circumstances, does not always take place: how far it generally does, is much to be doubted. Why, therefore, let me ask Dr. Adams, should it generally take place (which we are led to conclude from his paper) in cases of death from hydrophobia? Had the diseased appearances in the stomach, described by me, taken place in consequence of digestion, surely that digestion would not have occupied the cardia, and extended up two inches of the œsophagus, any more than in the case of Dr. Pinckard's, so accurately and well delineated, and who describes the whole of the pharynx and œsophagus in a state of inflammation, and says, "at the lower part of the œsophagus, about half an inch from the cardiac orifice of the stomach, was an eroded spot, nearly the size of a shilling, assuming an appearance as if the inner coat had been separated, and shrivelled up by scorching. A few inches below the cardia was a fulness of the vessels of the villous coat, which caused a spotted and circumscribed redness about three or four inches in diameter." In this case, is it not probable, nay certain, according to the doctor's own statement, if these appearances had been occasioned by the action of the *gastric fluid*, that they would have occupied the great end and larger curvature of the stomach, rather than rising up into the œsophagus? When Dr. A. has seen a case of fatal hydrophobia, and dissected it, we shall meet upon the same ground: until then I must support Dr. Pinckard's case, and maintain my own opinions, that we are nearer the truth when I assert, that in nine cases out of ten of fatal hydrophobia, the stomach or œsophagus, or both, will be found upon dissection the *principal* seat of the disease, and to have undergone inflammation, and that early bleedings ad deliquium is the only *rational*, and I may *now* say *known remedy*.

Whoever will take the trouble to read Dr. Shoolbred's successful case, published at Calcutta, May 18, 1812, will have his attention rivetted to the principal seat of the disease by the detail of symptoms. He says, "He (Amier the patient) was exceedingly impatient of restraint, and whenever he could get a hand disengaged, he immediately struck the pit of his stomach with it, pointing out that part as the seat of some indescribable uneasiness." That uneasiness

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was removed by copious bleeding, but before the second bleeding, Dr. Shoolbred states that the pain had returned, as follows:—"He (Amier) also put his hand to the region of the stomach, and said, that the pain in that part was returning." Are we not to believe in the feelings of our patients, when, too, dissections confirm and support the seat and truth of these diseased sensations?

Dr. Adams goes on to conjecture "that the hydrophobic poison may, like some other poisons, be determined in its influence to particular parts, but not with the same certainty, to the same parts in that order," with many other judicious remarks on the different poisons of diseases, as the variolous, varicellous, scarlatina, venereal; the atmospheric poisons, as influenza, dysentery, &c. But the great diversity of the parts affected by the canine poison, and the different symptoms occasioned by it, which, according to the conjectures of the doctor, exceed all other morbid poisons, have plunged me, I confess, into as great a dilemna, as I recollect to have experienced on the subject of *small-pox*, when the doctor, some time ago, described the *pearl small-pox*, in which, he will pardon me when I confess, I had no faith.

However, the doctor has admitted that rabies canina is an inflammatory disease; that this inflammatory diathesis being set up in the system by the poison, is more particularly directed to the different mucous membranes (or secreting membranes), so that we are led by sympathies from the nose to the urethra, from the mouth to the anus, bewildered in the examination of the encephalon, in which there is no mucous membrane,—and so distracted in our senses by the great variety of the parts affected, that we shall scarcely know, after a few more observations on this intricate subject, whether the œsophagus, the stomach, the nose, the urethra, or the anus, stands first in the order of parts diseased; thus doubting every thing we can fix on nothing, and the little gleam of light which seemed breaking in upon us will be extinguished amidst the darkness of conjecture.

There are, on all subjects and sciences, facts or first principles, which, if we lose sight of, our labors are but vain. I must now beg leave to offer my best thanks to the doctor for his paper on hydrophobia; and to assure him, that if any sentence in this reply should be found to carry with it an unfriendly construction, or too much personality, I shall be sorry, and beg for sincere pardon.

I am, Sir,
Your obedient humble Servant,

Great Yarmouth, G. BORRETT.
Nov. 9, 1813.

To

To the Editor of the Medical and Physical Journal.

SIR,

IN a former Number of your valuable repository, I ventured to call the attention of Dr. Kinglake to Mr. Borrett's paper on Hydrophobia, and to claim for its author the merit of priority in remarking with distinctness the analogy between that disease and Gastritis; and my best thanks are due to Dr. Kinglake, for the very polite and candid manner in which he met my appeal. I have also had the good fortune to elicit from Dr. Adams several interesting remarks on Mr. Borrett's communication, to some of which I shall in this paper attempt to reply.

In sending for your insertion my observations on Dr. K.'s claim to originality of opinion on Hydrophobia, I was not ignorant that several authors, in common with Dr. Adams, had observed the generally inflammatory form of some of its symptoms, especially Boerhaave, Van Swieten, and Morgagni, and from whose works it may not be uninteresting to some of your readers, if I adduce a few passages in illustration of their views of this formidable malady. The following passage forms a part of Boerhaave's eleven hundred and fortieth axiom: "Dissectio cadaverum docerit plerumque organa deglutiendi utrumque inflammata,"* &c. Again, in Aphorism 1142: "Dein hinc vitium nasci sanguini, humoribusque, quod inflammationi gangrenosæ quasi proximum sit; sedem vera mali primum circa stomachum, et vicina hærere." As to the methodus medendi, this author is particularly striking. In Aphor. 1144, the following remark occurs: "Apparet maxime probabile, et paucis experimentis confirmatum, sequentia fieri debere: 1. Statim post prima signa invadentis mali morbus tractandus *ut summus inflammatorius*, mittendo sanguinem *ex lato vulnere magni vasis ad animi deliquium usque*," &c. Van Swieten, in his commentaries on these passages, affords sufficient proof that he had closely noticed the evidences offered by different histories, of the inflammatory nature of rabies canini; of which the following examples may be given:—"Alibi legitur inflammationi ventriculi accessisse hydrophobiam cum convulsionibus, a quibus malis tamen æger ille audacter repetitis sanguinis emitionibus evasit."—The author here alludes to a case detailed in the first volume of Medical Essays. And in another passage this writer is equally explicit:—"Tota autem morbi historia, et aliqui successus in hoc

* Van Sw. Oper, An. p. 561. Ibid. p. 566.

morbo

morbo curando, videntur suadere, morbum hunc tractare debere ut inflammationem summam, admodum periculosam, et subito in gangrænam tendentem."*

That Morgagni was aware of similar facts, the greater part of his eighth letter affords clear testimony; in particular, he cites three cases in which symptoms of hydrophobia supervened after drinking cold water.

But although remembering the passages just quoted, I knew of no author who like Mr. B. had with confidence recommended the means which have recently proved so successful; a confidence founded not merely on partial or complete success in the treatment of analogous disorders, but the result of a minute investigation of the symptoms and dissection of a case, under his personal observation; a confidence infused into the minds of several of his readers, and which had prepared them, should a case fall under their care, to treat it "ut inflammationem summam."

With respect to the appearances of the stomach on dissection, as observed by Mr. B., I am disposed to consider them as much more attributable to inflammation than to digestion, and for the following reasons. Mr. Hunter, in his description of a digested stomach, observes,† "The sound portions (of the stomach) will appear soft, spongy, and granulated, and without distinct blood-vessels, opake, and thick; while the others will appear smooth, thin, and more transparent; and the vessels will be seen ramifying in its substance, and upon *squeezing* the blood which they contain from the larger branches to the smaller, it will be found to pass out at the digested ends of the vessels, and to appear like drops on the inner surface."

From the above quotation it is evident, that no appearance of red points is visible on a simple inspection of a digested stomach; but in that described by Mr. Borrett, such points studded a part of its inner surface, and consequently, even supposing an erosion of the extremities of the vessels could only arise from a turgescent state of them, the effect of inflammation; for, under common circumstances, the blood after death is accumulated in their larger branches, and must, as expressed by Mr. Hunter, be *squeezed* thence into their minuter ramifications, to exhibit the appearance in question. Neither can I find, in Mr. Hunter's or Dr. Baillie's account of a digested stomach, any mention of an appearance similar to the dark-colored patches noticed in Mr. B.'s

* Comment. p. 537. De Caus. et Sed. Morb. Epist. iii. Art. 32.

† An. Economy, p. 229.

history,

history, but which are so frequently not within descriptions of stomachs unquestionably inflamed, and which appear to depend on an extravasation of blood under the mucous membrane; in proof of which I shall quote a part of Mr. Brodie's excellent statement of the changes produced by arsenic on the inner surface of the stomach, and which agrees remarkably with the effect attributed by Mr. Borrett to the hydrophobic poison. *"The inflamed parts are in general universally red, at other times they are red only in spots. The principal vessels leading to the stomach and intestines are tinged with blood; but the inflammation is usually confined to the mucous membrane of these viscera, which assumes a florid red color, becomes soft and pulpy, and is separable without much difficulty from the cellular coat, which has its natural appearance. In some instances there are small spots of extravasated blood on the inner surface of the mucous membrane, or between it and the cellular coat, and this occurs independently of vomiting."

The destruction of the cuticle of the lower part of the œsophagus, reaching to the orifice of the cardia, beyond which it does not appear to have extended, cannot, I conceive, be fairly attributed to the action of the gastric fluid; for it is equally difficult to comprehend how this should escape into the gullet, and if there, why it should act more powerfully on that part than on the stomach itself. The gastric juice could only penetrate to the œsophagus through the valvular structure of the cardiac orifice of the stomach, which, in consequence of its longer exposure to this solvent, ought to have suffered more than the œsophagus. Neither Mr. Hunter, nor Dr. Baillie, mentions the liability to destruction of the inner membrane of the œsophagus from such a cause; and it seems highly improbable that so important a circumstance should have been overlooked by those accurate observers. I am, Sir,

Halesworth, Your most obedient Servant,
Nov. 13, 1813. C. ABEL.

To the Editor of the Medical and Physical Journal.

SIR,

THE following case occurred to a patient under my care in the work-house of this parish, the particulars of which I beg leave to relate.

Mrs. Thomas, aged 47 years, applied to me, a few days

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* Phil. Trans. for 1812, p. 205; or Nichols. Journ. vol. xxxiii. p. 265.

after

after I entered on my office as surgeon to the work-house at Michaelmas last, for relief for a swelling of the abdomen, accompanied with obstinate constipation of the bowels. I prescribed some opening physic, which afforded relief, but the swelling remained the same. Upon inquiring into the nature of this complaint, I could gather no other information than that the woman was reported, and firmly believed to be, pregnant, which she obstinately denied. Her catamenia had ceased fifteen months ago, and she had borne several children. It appeared to me a case of interest, but I could procure no particular account of the progress of the swelling, only that it had appeared a twelvemonth ago, and had gradually increased to this period. On examination, I found the abdomen very much enlarged in size, with an evident fluctuation; and the swelling was by no means circumscribed, but general and diffused. She complained of no particular pain when the belly was pressed, and her health was tolerably good. She made water pretty freely, independently of which, I thought her disease was ascites, in which I was confirmed by the opinion of Mr. William Hole, a respectable surgeon in this town. We examined the patient together, and it was agreed that I should perform the operation of paracentesis of the abdomen. She complained of a little pain in the right shoulder, but none in the region of the liver. The operation being determined upon, I tapped her this morning (Nov. 1st) in the linea alba, with a moderate-sized trocar, and instead of water, I drew off, to my surprise, more than three quarts of very thick good-conditioned pus. I considered the disease now in a new light, and did not hesitate to pronounce it an abscess in the liver which had burst into the cavity of the abdomen. The matter was not at all fœtid. On pressing the region of the liver, after the trocar was withdrawn, she complained of pain. She had a stool after the operation, and made water freely. I closed the wound up, and applied a moderately tight bandage over the abdomen, and gave her forty minims Tinct. Opii and ℥ifs. Aq. Menth. Pip. in a draught. In four hours after the operation I saw her. She appeared tranquil, but had considerable pain in the region of the liver, extending to the right shoulder. Her pulse was firm and regular. I ordered her a little wine, and the draught repeated with only twenty minims of the Tinct. Opii.

Nov. 2d.—Passed a restless night; pulse about 90; thirsty; tongue foul; pain in the liver and right shoulder.

Hab. Pil. Hydrarg. gr. vi. horâ somni.

Nov. 3d.—Feels rather easier; bowels costive.

 ℞. Sulph.

℞. Sulph. Magnes. ℥i.
Aq. Menth. Pip.
—— puræ ā. ℥iv. M. Cap. Coch. iij. larg. omni horâ donec alvus respondeat.

Nov. 4th.—Had one black hard fœtid stool, which gave relief. Belly rather swelled; pain in the region of the liver; pulse firm. Her constant complaint being constipation, I ordered her the following, lest the circumstance above-mentioned should gain ground upon me.

℞. Pulv. Scammon. gr. v.
—— Jalap, ℈i.
Sub. Mur. Hydr. gr. x. M. ft. pulv. horâ 2da p. m. sumend.
Pil. Hydrarg. gr. vi. h. s.

Nov. 5th.—Had about a dozen black offensive copious motions, with much relief; T. pretty clean; makes water freely; pulse 100, quick, but regular; belly much softer, and feels easier; thirsty; slight pyrexia.

℞. Acid. Sulph. Dilut. ʒij.
Tinct. Digital. ʒi.
Aq. Menth. Pip. ℔i. M. Cap. coch. ij. larg. quater in die.

Nov. 6th.—Had two large offensive motions, partly watery, and mixed with scybalæ; abdomen rather softer, but still tumid; pulse 100, rather feeble; tongue furred; passed a restless night.

℞. Sub. Muriat. Hydrarg. ℈i.
Opii Pulv. gr. v.
Conserv. Ros. q. s. ut ft. massa in pilul. v. dividend. quarum capt. 1m. omni 4ta. horâ incip. statim.

Nov. 7th.—Slept well during the night, and without pain. Took all the pills, but had no motion from them. Tongue pretty clean; pulse 100; belly feels softer. In one of her motions of yesterday, we found several small gall stones. Upon the whole she seems amazingly better.

℞. Sulph. Sodæ. ℥ifs.
Infus. Sennæ.
Aq. Menth. Pip. ā. ℥iij. M. cap. dimid. statim alteramque partem post horas tres.

8th.—Had eighteen copious stools, mixed with scybalæ, and substances resembling clots of pus, and rather greenish. Pulse pretty good; tongue clean; belly much reduced in size, and softer.

℞. Pulv. Opii. gr. iij.
Sub. Muriat. Hydr. gr. x.
Pulv. Digital. Purp. gr. viij.

Conserv.

Conserv. Rosæ, q. s. ut ft. massa in pil. iv. dividend, quarum. cap. 1m. omni 4ta. horâ.

Nov. 9th.—Passed a good night, and free from pain. Had one copious loose stool before she took the pills, but none after. It was chiefly greenish clots, and a few scybalæ.

℞. Sulph. Sod. ℥i.
Aq. Menth. Pip. ℥vi. Solve. Capt. statim.

Nov. 10th.—Had eleven copious watery stools, in quantity more than half a gallon, mixed with a few scybalæ. Pulse 90, firm and regular; tongue clean; appetite good; belly much softer, and more natural.

Hab. Pil. Hydrarg. gr. vi. h. s.

Nov. 12th.—Feels pain in the bowels; one large motion since last report.

Repet. Mist. Purgans.

Nov. 13th.—Feels much better; four loose motions, and pretty natural.

Pil. Hydrarg. gr. vi. h. s.

Nov. 14th.—Had two copious loose motions; passed a very good night; pulse 88, regular; removed the plaisters, and found the wound completely healed, and free from inflammation; belly feels soft and flaccid, and free from pain; slight ptyalism; tongue clean.

Repet. Mistur. Purgans. u. a.

Nov. 15th.—Had four large loose stools of a natural color; slept well during the night; pulse 84.

Quiescat hodie.

Nov. 24.—Since last report my patient has progressively got better. She sits up through the day, and feels no pain or uneasiness. Her health is pretty good. She eats and sleeps well. I give her gr. iii of the Pil. Hydrarg. every third or fourth night, and shall gradually lay aside the use of medicine altogether.

If you think this case worthy a place in your Journal, you are at liberty to insert it.

I have the honor to be, Sir,
Your obedient Servant,

ROBERT SEMPLE,
Member of the Royal College of Surgeons in London, and Surgeon to the Parish of Islington.

85, High-street, Islington,
Nov. 24, 1813.

For the Medical and Physical Journal.

A LETTER *to the* EDITORS *of the* EDINBURGH MEDICAL *and* SURGICAL JOURNAL.

GENTLEMEN,

NOTWITHSTANDING that I have been so unfortunate as to incur your displeasure, by involuntarily becoming the object of some very high encomiums which have been bestowed on me, perhaps too lavishly, in a popular review, while, as you have clearly proved from my own words, the nature of the subject itself rendered perfection unattainable, I still depend so much on your regard for your own general character, which I am by no means disposed to depreciate, as to believe that you will take the earliest opportunity to correct a very important error, into which you have fallen, in asserting, that I have recommended to a student of physic to attend an hospital "in the second year *only*" of his medical studies. Now, in the 18th page of my Essay you will find these words: "As the spring advances, he must become a pupil of an hospital, which must continue to be his principal and *daily* object at *every subsequent* period, *while* practical lectures should be attended with diligence;" and these lectures are enumerated in the following page, among the pursuits of the third year. The public must be the judges between us; and how you will be able to exculpate yourselves before them for so unaccountable a misrepresentation, which you have expanded into a whole page of argument, I am utterly at a loss to foresee. You have either censured what you have not read, or what you have read and forgotten; for I cannot believe you both mischievous and foolish enough to advance such an accusation, at the moment that you were fully aware of its falsehood.

Whether or no you were in the same happy predicament of inattention or oblivion when you asserted that I spoke "*lightly* of the clinical lectures of Edinburgh," I will not pretend to determine: perhaps you will solemnly maintain that to mention in express terms their "*excellence*," and their "*acknowledged superiority*," (p. 15) is to speak lightly of them; but this is more a matter of opinion than the former, and therefore I shall not expect you to retract it. It is, however, an absolute mis-statement to say that I have considered the affections comprehended under the term PNEUSIS as one DISEASE; for I have most carefully remarked (p. 28) that I have intentionally united *different* diseases, as species constituting the same *genus*, according to their natural analogies, and to the most convenient mode of treating of them:

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nor have you been more correct in insinuating that the gout is to be found in two places, without *any* reference from one to the other; for in fact there are references in *both* the passages, in which I have thought it necessary to mention respectively the different forms of this very anomalous disease.

The charges which you have grounded on these supposed offences, do not very materially affect the general merits of the work; nor should I think its credit much diminished by admitting the truth of all else that you have advanced against it, especially if you succeeded in convincing your readers that "it ought to be in the library of every medical scholar to whom the work of Ploucquet is inaccessible," and that its value is not altogether "superseded even by that stupendous work;" but having been induced to point out the most palpable of your mistakes, I shall briefly examine such others of your objections as appear most to require an answer.

You observe, without entering into the merits of the "detached essays," that they are "excrescences in such a work." Is a rose then an excrescence upon a myrtle, because they happen to be planted in the same bed? You seem unwilling to allow that any work in *English* on the study of physic can be required; and mention at the same time the Bibliotheca of Haller and the Index of Ploucquet, in order to deprive me of every excuse for publishing any thing not absolutely perfect. I can only observe that I have not copied a *single word* from either of those works; and how either of them is to be employed "as a guide to students," I am at a loss to understand; but on the mere circumstance of the language being English rather than Latin, I never meant to found any particular claim to indulgence. You do not appear to be aware that a methodical arrangement of every department of my subject is one of my professed objects, and the correct accentuation of names, contemptible as you may deem it, another: both these objects require in all cases a systematic enumeration, at least, of the whole nomenclature of the respective sciences, even when there are few or no works to be referred to each article; and in some such cases, you have very candidly produced the empty shelves of the library as affording fair specimens of its contents. The repetitions concerning "exotic medicine" exist only in your imagination. With respect to the alphabetical order, for which you express a decided preference, it can have no advantage over the worst system furnished with a good index; and if a general or scientific view is to be taken of any part of medical knowledge, it appears to me so evident as to require no proof, that it can only be obtained by means of a

systematic

systematic arrangement. You object to my conversion of generic into trivial names; but, in fact, if we wish to find a disease from its name only, we must look for it in an index, and then it is of no importance whether the name is generic or trivial; if from its nature and symptoms, we must consult the definitions, and the alternative remains equally indifferent. When you say that I have made a classification of names, and not of diseases, I am utterly incapable of comprehending your meaning, nor can I easily believe that you had yourselves any distinct idea of what your words were intended to express. You assert that my genera are founded on forced analogies; but in proof of this assertion you adduce no argument, and scarcely even an example, except in the case of the arrangement of the Aphtha of Cullen as a typhus, in which, though with some hesitation, I have followed Dr. Crichton: on this occasion you very concisely and I suppose satisfactorily answer my *note of interrogation* by a *note of admiration*, and there the illustration ends. That "the mildest and most terrible of diseases are the children of one family," is certainly not more unnatural than that an equal diversity should occur in the same individual disease, that is, in the same species; for instance, no fever can be slighter than some cases of scarlatina, and none can be more inevitably fatal than others. You disapprove my having "melted down Dr. Willan's orders into genera;" but I had the pleasure to find, in conversation with that respectable author before his death, that he himself considered it as a very proper adaptation of his partial method to a more extensive system, which he had the goodness to say he considered as extremely neat, and altogether unexceptionable: indeed it is impossible to read his account of what he calls species, without perceiving that a great number of them are mere varieties of the same disease. Almost all the instances of apparent repetition that you have pointed out, relate to cutaneous diseases, in which, as I have expressly observed, "I have thought it better to follow Dr. Willan's arrangement with very little alteration, than to attempt to introduce definitions and subdivisions more strictly methodical:" sometimes, too, a solitary and accidental affection of a small part of the surface of the body may, very properly, be considered as belonging to a distinct class from that which comprehends affections of the same kind which are more extensive and habitual.

To your accusation of having made my "generalisations in the closet," I must certainly plead guilty. I have been accustomed to observe the progress of single cases at "the bed-side," and in the theatre; but where I have wished to consider

consider the relations of a hundred different cases of a hundred different diseases, I should have thought it perfectly absurd to sacrifice the convenience and tranquillity of the closet, for the fanciful advantage of being at the bed-side of one of the ten thousand cases, at the moment that I labored to obtain a perception of the general relations of the whole.

The term "Therapeutics," which you seem to prefer to "Acology," had already been employed in a different sense, and is usually understood as relating rather to the general principles of the practice of physic, than to the separate consideration of the operation of particular remedies. I allow that I have not divided the sedatives, commonly so called, according to the nature of their immediate action, but have been contented with referring back to the whole catalogue from the exhaurients: I really found it so difficult to satisfy myself how they ought to be divided, that I despaired of untying the knot, and was afraid of doing harm by attempting to cut it, as it was perhaps my duty to have done. I have not indeed professed myself by any means satisfied with the arrangement of this division of my work, which, however, I am happy to find you have thought more deserving of your indulgence than the rest; for, however I may think the value of your commendations diminished by the want of a sounder spirit of criticism, and a greater power of discrimination than you appear to me to have displayed in your censures, I do not profess to be altogether indifferent to your good opinion.

I am, Gentlemen,

Worthing, Your very obedient Servant,
Oct. 21, 1813. THOMAS YOUNG.

To the Editor of the Medical and Physical Journal.

SIR,

I KNOW not whether the following theory of gout be original or not: much of what we read we often identify with our own views of particular subjects; and when engaged in contemplating them, we very often apply the reasoning and facts of others as if they were our own, for the explaining and developing of any difficulties which may occur for resolution.

In this way it is very possible, and quite as probable, that I may not be a discoverer; but I shall be well enough pleased if, under the satisfactory illusion of being one, from inferences to be deduced, the following theory shall be acknowledged to be warranted, and that, by an explanation of the causes

of

of a particular disease, which it is said has hitherto baffled explanation, such disease shall often be avoided; and, what is almost of as much importance, those who are afflicted with it shall cease to hope for cure by means ill calculated to effect it. And if the following theory shall be deemed well or rationally founded, such persons will also be taught, what indeed is well known, although the reason for its efficacy in preventing, if not in curing the disease, may not be so generally understood, that temperance, and temperance only, is the only fundamental preventive, and the only rational cure of this disease where at all curable.

Gout then I conceive to be inflammation arising from that lesion of the terminating vessels, by which they are prevented duly fulfilling their assigned offices of secretion and apposition.

I need hardly pursue this notion. Many of your ingenious correspondents will easily measure the effects of increased action of the arterial and secreting system upon the exquisitely fine vessels engaged in that wonderful part of our frame.

Impulse upon a set of vessels in a greater degree than they are calculated to bear, must have the effect of deteriorating them in their weakest part: that part is where their organisation is the most delicate, and therefore the most fragile. Let the heart be incited, whether by intense or rapturous thought; let the whole system be perpetually immersed in floods of delight beyond the common and accustomed bliss of nature, gout may supervene; but as all this is within the possibilities *naturally* incidental to our organisation, it does not give way: secretion and apposition may yet go on. Let, however, alcohol be superadded to all these, cardiac, and consequently arterial action is increased; the system, throughout all its indescribably fine ramifications, partakes of the accelerated action; and, borne down by calls upon, and solicitations of, its powers, it incontestibly yields to the unnatural impulse it experiences, and, being the finest, those vessels which are destined to ultimate secretion and apposition are the first to break up. The excited action goes on, but secretion and apposition are weakened, disappointed, or destroyed. That set of vessels which, in our nicely adjusted machinery, was destined to perform certain vital functions, can no longer act; the parts depending upon that action for their vitality become gorged; arterial action may have tended to the formation of the ultimate matter, but the organisation adapted for apposition is weakened or destroyed: even secretion or formation of the necessary matter is at length interrupted or prevented. The whole of these fine functions become disturbed, and hence the premature formation

formation and apposition of crude bone, where, in a state of heat, there should have been colorless blood, or membranous apposition. Where inflammation had already occurred from gorgement with matter which absorbents had been unable to take up, it is occasioned by the deposition of matter alien both in place and substance to its true and natural designation and character. Hence chalk stones; and hence probably that ultimate destruction of vital action known by the name of gout in the stomach, an hypothetical disease never detected in the stomach as in membranes about the feet and hands.

Had I leisure, I would willingly have resolved what I have said into the form of aphorisms; but they would repeat so many truisms, while the conclusion is itself simple and to me self-evident, that I have been induced to prefer thus rudely recording my view of the disease of gout in your valuable Journal. I am with great respect,

S. W.

To the Editor of the Medical and Physical Journal.

SIR,

IN a late Number of your Journal a paper was published, written by Mr. Adams, in order to show the efficacy of Ant. Tart. and recommending its use in *acute ophthalmia*. That gentleman then, if I mistake not, was of opinion that it alone, given in doses sufficient to keep up continual sickness, and continued for a sufficient length of time, was capable of subduing the inflammation of the most violent cases; and Mr. Fielding, believing it to be possessed of this power, and wishing to claim priority in the adoption of this novel treatment, as so thought, wrote soon after in affirmation of Mr. A.'s paper.

Since the publication of the afore-mentioned, I have had frequent opportunities of observing its effects in similar cases, given in the doses recommended by Mr. Adams, and continued as long as I thought was sufficient for a fair trial (at least as long as propriety would allow compatible with the preservation of sight; that is, I conceived, if persisted in much longer without employing some more effectual remedy, the inflammation and ulceration would proceed so far as to produce an irremediable opacity in the cornea); and I am sorry to say, that I have not seen it effect a cure in a single case: it has, no doubt, had *some* influence in abating the severity of the symptoms; but on the whole, no evident progress towards a cure was perceptible during its solitary use. Copious bleeding was absolutely necessary in the more violent cases; and in others of a milder degree, where this was

was not thought requisite, blisters were used with evident advantage.

I could relate several cases in support of these assertions; but, lest you should think them not worth your notice, I will at present only relate one, and your insertion of these remarks, or the contrary, will influence me whether I shall detail any more at a future opportunity.*

June 7th.—J. W. a man of spare habit of body, suffering under a disorder of the eyes, sent for advice. It had begun three days previous to this. Both his eyes were found in a very high degree of inflammation; the tunicæ conjunctivæ were an universal red; the corneæ dull and milky, and one of them beginning to ulcerate. The pain was most excruciating, extending up both the temples. I never saw a man appear to be in such exquisite pain. This was accompanied with a sensation of burning heat, and immoderate effusion of tears, and feeling as if bits of glass were cutting the eye. Sensibility to light was extreme. The pulse was hard. He was ordered to have his eyes frequently fomented with a hot decoction of poppy-heads, the room to be kept dark, and a powder of gr. i of Ant. Tart. with nitre to be taken every three hours: this produced the desired effect, and he was kept in a state of continual sickness. In the evening he was seen, and the pain was rather abated. The next morning the pain was still not so violent; but towards the evening it increased to the same violence as before, or even more so. He had never omitted taking the powders night nor day, and the dose was increased as it lost its effect. His bowels were kept open. At ten o'clock same night the powders not having produced the least remission, and considering that they had now been used six and thirty hours, and that if something more effectual was not done the man would lose his sight, the temporal artery was divided, and from thence about four ounces of blood were taken, and ten ounces more from the arm. During the flowing of the blood he felt the pain abate, and when left, about a quarter of an hour after, he was considerably easier. The powders were nevertheless still continued. The next morning he still remained comparatively easy, and had slept part of the night, what he had not done for the four nights preceding. From this time they quickly got better, and in a few days he applied a saturnine lotion, and dropped Tinct. Opii to remove the slight opacity that remained. In about a week more his eyes were perfectly strong, and free from the least opacity.

* The Editor will readily insert some additional cases on this important disease, and hopes the author will sanction them with his name, as the practice he calls in question stands on high authority.

The object of the writer is not to condemn the use of Emetic Tartar in ophthalmia, but to express his opinion, grounded on observation, that it ought not to be relied on as a principal remedy; and from the manner in which Mr. Adams spoke of it, many, no doubt, would be led to place entire confidence in it, without ever thinking of any other till it was too late. And from the importance of the subject he thought it his duty to make his observations known. He still would recommend the use of it in ophthalmia in conjunction with bleeding, for he thinks that it often has some influence, though not to the extent which one would have supposed. In the case above related, I think it appears evident that bleeding was what afforded relief, and to which the speedy recovery and preservation of sight was to be ascribed.

I am, Sir,
Hull, Your's, &c.
Nov. 19, 1813. W. M. T.

To the Editor of the Medical and Physical Journal.

SIR,

ON perusing Mr. Gibbon's representation of the case of Ann Foulkes, an impression arose in my mind that some of the facts therein stated differed very materially from the account I had received from her, *at the period of their occurrence;* and, as an inference was drawn from them prejudicial to the moral character of Ann Foulkes, I thought it an act of justice due to the poor girl, whom I have now attended upwards of four years, not without the highest approbation of her principles, to ascertain how far my recollection of facts was well founded or not. With this view I waited upon her in company with a friend, when she was minutely questioned as to the following facts, namely, *the proposed introduction of the catheter; and the circumstance recorded by Mr. Gibbon of his having patiently waited that he might personally witness the reality of the urinous vomiting.*

The following is the result of the examination, taken almost verbatim. I feel a considerable degree of reluctance in communicating the substance of it, but the complexion this controversy has taken is so decidedly hostile to the reputation of more than one character, that I have no longer the option of suppressing so important a document.

Q. What conversation passed between you and Mr. Gibbon about the catheter?—A. Mr. Gibbon said, he must use the instrument; to which I replied, No, not unless you send for Dr. Yeats.

Q. Did Mr. Gibbon, on this, offer to send for Dr. Yeats?—A. No, he did not.

Upon being asked why she was so unwilling that Mr. G. should use the catheter? she replied, because he was a stranger to her, and not her doctor, and she did not wish to submit to any experiment without the knowledge of Dr. Yeats.

Q. Did Mr. Gibbon still urge the use of the catheter?—A. Yes; on his retiring from the room, he turned round, and angrily said, I insist upon doing it, and on Sunday next I will attend for that purpose. I again answered, No, sir, not unless you send for Dr. Yeats; and if he thinks it will be of any service, I am willing to submit, but not otherwise.

Q. Did Mr. Gibbon then propose sending for Dr. Yeats to perform the operation?—A. No, he never once alluded to it.

Q. Are you willing to declare this on oath?—A. I am.

Q. Was any one present besides?—A. Yes, my mother.

Q. Do you remember the facts as here stated? (addressed to the mother.)—A. Yes, I do.

Q. Will you swear to the truth of them?—A. I am perfectly willing to do so.*

Q. Did Mr. Gibbon ever see you in the act of urinous vomiting?—A. I sent for Mr. Gibbon, at his own request, once when I had taken an emetic, and had vomited twice before he came. On my not vomiting immediately in his presence, he grew impatient. I said, Stop, sir, for I think I shall vomit again; he replied he could not, and desired she would make haste. She said she could not vomit when she pleased; he observed, I have got my own patients to attend to, do you think I can wait upon you all day? and then went away.†

The whole of this examination at once confirmed the previous impressions of my own mind, *and agreed with the statement of facts given to me by herself, near the time of their occurrence, which I believe was nearly twenty months ago, before the subject had assumed the character of controversy.* I should add that other highly respectable persons have the same recollection of the above fact as myself, and can bear testimony to it, if necessary.

With respect to the quantity of provision, clothing, and

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* In Mr. Gibbon's statement are the following words: "Upon offering to send for Dr. Yeats," &c. &c. See Medical Journal, No. 177, p. 358.

† Mr. Gibbon's words are, "I therefore waited *patiently* for more urine to make its appearance: she professed to be very sick, but none came." Ibid, page 358.

money

money which it is stated she received in such abundance, I have reasons for knowing that they were not beyond the supply of common exigencies, and that periods have occurred when she has been reduced to much want.

The public must now judge, from the statements given, how far the character of the poor object in question has or has not been unjustly assailed. I cannot willingly prevail upon myself to think that Mr. Gibbon has designedly mis-stated facts: at the same time I cannot withhold my belief from the testimony of the girl, whose moral character I firmly believe to be unimpeachable; and my recollection of the statement, sanctioned as it is by others of great respectability, *at the period of the occurrence itself*, is a fact which will not escape observation. Why Dr. Yeats was not sent for, why he was not more communicated with, I am not able to comprehend; but that personality of a very unpleasant kind has unfortunately mingled itself with this controversy, every day brings along with it some painful testimony on the part of Mr. Gibbon. So far as the moral character of Ann Foulkes is concerned, if analogous cases in the history of medicine continue to be brought forward, to illustrate the possibility of urinous vomiting, the charge of want of veracity, which was founded against her, on the supposed impossibility of such an occurrence, is wholly at an end. If so, what are the sentiments which will arise in every delicate and truly honorable mind on the review of this transaction? But I forbear to expatiate on so painful a subject. My only prayer is that Mr. Gibbon may never be able to judge of the pangs inflicted by the unmerited loss of reputation, by experiencing a similar fate himself. If this be his wish, I need not suggest to him, that one safeguard to his own reputation will be not to intrench upon that of others.

I have the honor to be, Sir,

Your very obedient Servant,

J. S. GRIMSHAW,

Bedford, Dec. 9, 1813. *Vicar of Bidenham, Beds.*

To the Editor of the Medical and Physical Journal.

SIR,

I MUST again trespass upon your indulgence in soliciting a page of the Journal, for the purpose of remarking upon the letter of Dr. Yeats which appeared in the last Number.

The question at issue is simply, whether Ann Foulkes was guilty of deception or not. I believe her to have acted deceptiously. To substantiate that belief, I refer to the case which

which I have published; and if Dr. Yeats cannot dispute or controvert the statement which I have publicly given, it is incumbent upon him to acknowledge the imposture, as no medical man can entertain a different opinion upon the subject, unless he can disprove the circumstances of the case as brought forward by me.

I expressed surprise at the unfairness of Dr. Yeats's conduct in reference to me about this reputed case of urinous vomiting. I must repeat my surprise at his last letter, which imperiously calls upon me to offer some explanations, and likewise act the part of a prompter to the doctor's memory:

> Sed tali auxilio ac defensoribus istis
> Tempus multum eget.

Can Dr. Yeats have forgotten that I was twice present at a meeting of *all* those medical gentlemen he alludes to, previously to their visiting Ann Foulkes, when he himself was likewise of the party?

I next find that Dr. Y. reverts to the subject of this medical meeting or consultation as being attended with ungracious appearances. Who would believe that he most fully acquiesced in the positive declaration of five medical men that their meeting at Bedford was purely accidental? No man could appear to be more satisfied with the explanation which I gave to him, respecting this meeting, than he did. I must beg leave to refer him to his own assertion in the 45th page of the Medical and Physical Journal for July 1813, where he expressly declares it was a casual meeting. So much so was it, in reality, that neither Dr. Kerr nor Dr. Allvey had ever heard of the illness or name of Ann Foulkes. My meeting with them both, on the same day, was a matter of much surprise. 'Tis true, I seized the rare opportunity of taking two such experienced physicians, and the surgeons of the Bedford Infirmary, to see A. F. to examine the state of her health, and to hear her story from her own mouth. The result of their visit is well known. I regret that these apparent trifles should compel me to intrude so much upon your attention; but the inuendoes of Dr. Y. must be explained, and the conduct of gentlemen of the highest respectability placed in a proper point of view.

I may likewise repeat, by positive assertion, that I thought it impossible Dr. Y. could have misunderstood the original difference of opinion, and the meaning of the written document, so much as to imagine that the symptom of vomiting of urine was for a moment thought of unconnected with the peculiarities of A. F.'s case.

It serves the purpose of Dr. Y. to separate the abstract question

question from the case; but I must inform him that in so doing he acts towards others and myself in a manner that cannot but be highly disapproved of, by every candid and unprejudiced mind.

His assertion, that the impropriety of holding a medical meeting in his absence was hinted to me, I must beg permission to deny for the present, having no recollection of such a hint being given. All the medical men present fully agreed upon the propriety of informing Dr. Y. of our intention of seeing A. F., and of requesting his attendance likewise. A message was sent to his house, but he was from home, and not expected to return before the evening. It was out of the question, in this case, for two physicians coming from so great a distance to await his arrival. Dr. Y. never, I believe, thought it necessary to consult with a single practitioner of the county, upon this curious case, which he and the druggist had the entire management of. Why did he not deprecate the idea of a druggist prescribing for a woman laboring under such a supposed marvellous disease; the history of which he meant to lay before the medical world, which he was at that time taking notes of, and which was altogether under his express management? If not, why was the druggist compelled to send a copy of all his prescriptions to Dr. Y. previously to administering his medicines? How complimentary it is to all other medical men, for Dr. Y. to declare that they be of no service, because he was puzzled; and how strange it was, that it never struck him there might be some danger of the druggist doing incalculable mischief, by giving his emetics and diuretics, in this supposed case of Meteorismus Ventriculi! It is, of course, quite new to me, that other medical gentlemen thought with Dr. Y. upon the subject of the distension of the stomach *when they examined it;* nor do I think that Sauvages would allow it to be compatible for a weakly woman to labor under the Meteorismus Ventriculi, whilst she could talk for upwards of half an hour with as much strength of lungs as most robust men are blessed with.

If Dr. Y. cannot reconcile the apparent state of general good health, which I speak of, with the sufferings he frequently witnessed in A. F. I must refer him to those medical gentlemen whose names are enumerated in a note attached to the very able communication of Mr. Pulley, in your Journal for the present month. Every one must acknowledge the extreme difficulty of detecting a well-planned system of imposture. Witness the recent case of Ann Moore, of Tutbury: and, as it is within the recollection of most of the present medical officers of Guy's Hospital, I will direct

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the attention of your readers to an extraordinary case which occurred there a few years ago, in the person of a woman, who, after a long watching, was detected in drinking her urine during the night, in order that she might not be supposed to have it in her power to evacuate her bladder.

It would have been better for Dr. Y. not to have made the unfortunate observations he does respecting the introduction of the catheter, seeing that A. F. and her mother declare he asserted it might be the death of her, if the bladder was examined by that instrument.

Not for a moment do I allow that the very true tadpole story can, by the most forced construction of any thing in my paper, be made to reflect upon the opinions of those celebrated men whose names Dr. Y. enumerates, and I most highly venerate.

Dr. Y. cannot now be offended if I say,

Mutato nomine, de te
Fabula narratur.

It is the case alone, I beg leave to repeat, and not the physiological question, to which I always consider myself bound to attend, and which, Dr. Y. well knows, he should have proved or disproved for the satisfaction of the public, before he wandered into such a long history of marvellous statements respecting ischuria and vomiting of urine. I cannot but admire his ingenuity in trying to get rid of this case with so much nonchalance: does he not remember telling me that he never lost sight of it, because he was of opinion that the disease which existed about the stomach, from the collection of urine, must soon kill A. F.; and that he had obtained a promise of being permitted to inspect her body after her decease? Dr. Y.'s own assertions, and the repeated declarations of A. F., would make it appear that he paid more attention to this affair, during the early stages of the urinous vomiting, than he is now ready to acknowledge.

Whether my paper was a more angry tirade than causes justified me in making it, the public must decide:—whether my account of the voluntary muscular efforts to blow out the epigastric region, in the manner which A. F. did, and which any person can imitate, is so confused as Dr. Y. represents it, I must not determine; but my friends think differently from him:—and whether he thinks A. F. is or is not an impostor, is what I am still extremely anxious to be informed of. I am, Sir,

Your very obedient Servant,

Bedford, Dec. 12, 1813. JAMES GIBBON.

To

To the Editor of the Medical and Physical Journal.

SIR;

I SHALL be obliged to you to insert in your next Number the subjoined case of Ischuria and Vomiting of Urine.

I am, Sir,

Your very obedient Servant,

Bedford, Dec. 10, 1813. G. D. YEATS, M.D.

Bedford, Dec. 6, 1811.—Ann Fooks, æt. 25, unmarried, about ten years ago, in the autumn of 1801, in jumping off a large log of wood, fell, and hit her stomach violently against a large stone, which did not give immediate pain, but caused a sensation of numbness from the back bone through the stomach. A degree of faintness supervened, which prevented her from rising immediately. This accident happened about two o'clock, one hour after having dined, solely on baked pudding, without having drank any thing. About two hours after the accident, during which she felt faint and languid, she became sick with pain at her stomach, and vomited up the whole of her dinner. The pain of her stomach, accompanied by great soreness on the slightest pressure, increased during that evening; and about ten at night she was again seized with vomiting, and brought up two tea-cupsful of blood, partly clotted, and of a dark color. She continued the whole of the night in great pain at the stomach, with repeated nausea, but without bringing up any thing. She took some gruel during the night, but it was brought up again in about an hour. On the following morning she again vomited a small tea-cupful of blood, more fluid, and not so dark-colored. She did not take any thing during the day from constant vomiting, attended occasionally with blood. This state of vomiting continued for five days, during which time she only took a little gruel as often as she could, for it very seldom remained on her stomach. At this period she sent for the medical attendant on the parish, who gave her some powders of a sour taste, which made her stomach smart, and they were thrown up. She still continued to be much troubled with the vomiting, bringing up blood more or less at different times. She was then ordered some purging salts, which remained on her stomach, and produced stools. The vomiting, however, still continued.

During the whole of this winter (1801-2) she took various medicines without any relief, the vomiting very frequently, almost daily, taking place, but only at times with blood. A troublesome cough also came on, which pained her stomach

mach very much, attended with an expectoration of yellow phlegm, mixed with blood, and with occasional shiverings in the evening, succeeded by great heat at night, and a cold sweat towards morning. This cough and hectic state continued during the whole of the winter and spring, was relieved in the summer, and returned the following winter. She was so weak at this time as not to be able to go abroad, and was frequently confined to her bed. Towards the spring of 1802 the vomiting ceased for four or five weeks. The stomach, however, still continued very sore, and began to swell. After the five weeks had elapsed, the sickness and vomiting of blood returned, on which the swelling of the stomach subsided.

This state of occasional vomiting, with swelling and soreness of the stomach, continued for two years, viz. to 1804. At the end of this period (during which she never went farther from home than to take a short turn in the garden) she felt much better, so as to be able to walk some distance from home; but on her return the same day, which occupied three hours, from her being greatly fatigued, she felt great pain and soreness at the stomach, and on the following day the vomiting of blood returned, and continued for several days.* About two months after this, in the 15th year of her age, the menses made their appearance, although she was at the time very much troubled with the vomiting of blood, which continued two days after this flow of the menses ceased.†

For six years after this period, she continued in a varied state of vomiting, with soreness of the stomach, and great heaviness after taking any kind of food, as if a weight pressed upon the stomach. If the vomiting ceased for a time, the stomach swelled, and became hard. Four years after the

* The excitement of the system by the exertion of walking reproduced the vomiting of blood.

† I recollect the cases of two patients in the Infirmary who had vomiting of blood from mechanical injury. The vomiting of blood flowed in considerable quantity during the menstrual discharge. One of these patients had a suppression of urine for three days. In this state she walked to my house from home, a distance of three miles. She was sent to the Infirmary, where above two quarts of water were drawn off by the catheter. A third patient with suppression of urine, had also vomiting of blood. The coincidence of these cases with that of Fooks in the connection between suppression of urine and vomiting of blood, is curious. In Dr. Senter's case there was also vomiting of blood.

accident

accident described in the beginning of the case, she fell down stairs, and received a violent blow on the breast, which deprived her of her senses for several hours; and on the following day she vomited blood as usual. For two days previous to this fall the vomiting had remitted, and the stomach was swelled, sore, and hard. From this accident the left breast became discoloured, and was swelled and painful, and continued more or less so for two years. During the whole of this time, that is up to 1809, from their commencement, the menses made their appearance, but not at exactly regular periods, and at all times when they flowed the vomiting of blood was considerable. Sometimes they would return in nine days. In September of this year was the last time they occurred.

In February, 1807, she was received into the Bedford Infirmary, under the care of one of the surgeons, the physician being absent in Ireland. At this time the vomiting was troublesome, occasionally with blood. The hectic state already described was also very distressing. She remained in the Infirmary about three months, during which a sore broke upon the breast and was healed, when she was dismissed with nearly the same symptoms as those with which she was received, save the curing of the breast.*

About a year after she came out of the Infirmary, I was desired to visit her. Her condition then was truly deplorable. I found her with a stomach much swelled and painful, and with almost constant vomiting of blood, sometimes dark, and sometimes of a lighter color. The tongue and internal parts of the lips and cheeks were dry, and of a black color; and there was an eruption in blotches of a similar kind, but not so black, spreading to the nose. She had frequent flushes of the face with the same hectic state already described. She was in every way a miserable object tormented with pain. For a few days I directed for her several articles of the materia medica without the smallest advantage. The potash in a state of effervescence, with the citric acid, caused an intolerable burning pain in the stomach, as if applied to an excoriated part. There is no doubt the repeated exertions of vomiting must have denuded the stomach of a considerable portion of the mucus which lines it, and is its natural protection against irritating substances. A great number of the internal vessels of the stomach were in an inflammatory state, and many of these vessels were ruptured, and were pouring out blood. These circum-

* A scar is visible on the breast.

stances very satisfactorily account for this extreme sensibility of the stomach. Indeed the appearance of what she vomited up, being of that dirty coffee color, similar to what is observed in the last stage of scirrhous stomach, impressed me strongly with the belief that there was an ulcerated surface within that viscus. In this miserable state, daily wasting from the exhausting influence of the discharge, and a preying hectic, it appeared probable that the powers of life could not long continue. I therefore discontinued all medicine, and desired her to live, as well as she was able to take it, on mucilaginous food. I occasionally called for about a month with the hope of finding an opportunity of rendering assistance, but none presented itself. I then ceased to visit her: it was indeed extremely painful to see her without having the power to afford relief to her complicated sufferings.

About Michaelmas, 1808, the previous summer having been passed in the state of vomiting already described, she began to complain of violent darting pains in the head, with indistinct and double vision; and the light was so painful to her eyes that it became necessary to hang a cloth before the window. This state lasted about six days, when she became insensible, and remained so for about ten days, sometimes dozing with her eyes half closed, moaning; and at times talking deliriously, and rolling her head about the pillow. During this period of delirious insensibility, a discharge of matter and blood, very offensive, took place one night from her ears and nose; and continued to discharge from her right ear for the space of six weeks. It was so considerable that it was necessary to renew the napkins which were placed under her head at first twice in twenty-four hours, although they were folded various ways at different times, in order to apply a clean surface to the head. Immediately after this discharge took place, the head became considerably relieved, and her senses began gradually to return. About a week after this discharge from the ear ceased, both arms, from the fingers to the shoulders, and both the lower extremities, from the feet to the hips, were attacked with considerable swelling of the œdematous kind, as they received the impression of the hands of any person who grasped her arms and legs. Her own hands were so enlarged and stiff with the swelling, that she could not close her fingers; and she was in a good deal of pain in both the upper and lower extremities. These swellings continued about three months, when they gradually subsided in the arms first. At Christmas, for two days and two nights, during this state, she passed not a drop of water, but there was a frequent irritation

tation to make it.* A druggist in this place came to see her, and sent her a draught of the diuretic kind; and during the night she discharged her urine. During the time that the swellings prevailed the most, the greatest quantity of water she passed in twenty-four hours was about a pint, but generally less; and soon after the swellings began to subside, she states her urine to have been considerably increased. The swellings of the legs did not entirely subside till May. She does not recollect that during this period there was any thing remarkable in her stools, except that they were slimy; and she was very costive.

In September of this year, 1809, the vomiting ceased. Three months after this she was troubled with great hoarseness, which has since occasionally returned. About this period she felt a great deal better, the stomach gradually becoming easier, but never feeling well, and no swelling coming on.

About the beginning of the following June, 1810, while sitting in her chair, she was seized with giddiness and dimness of sight, followed by a paralytic affection of her left side, which lasted between three and four months, and then went off. The stomach was not swelled at the time, neither was there any vomiting, but some nausea. In July she was attacked with a strong shivering, succeeded by a cold sweat all over the body, and accompanied by a violent tetanic affection of the upper extremities, which were forcibly drawn upwards and towards the chest, attended with very great pain, and clenching of the hands. This painful state of spasmodic contraction continued four or five days. The cold sweat lasted several hours. During these four days she recollects nothing else in particular, except that she was extremely thirsty. She was quite sensible.

The food at this time kept down; and the following Michaelmas, 1810, she was removed down stairs from the bedroom, but sickness soon came on, and she was again carried up, when she vomited a considerable quantity of blood, which continued returning for a fortnight. This reduced her very much, and the vomiting then entirely ceased without any swelling coming on. The soreness of the stomach, however, continued No vomiting or swelling of the stomach again took place till about five weeks ago from this time (December 6, 1811), when the vomiting returned, but without blood.

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* "In pain for want of making water, and all the time felt an inclination to make it, but could not," are her own words. A similar occurrence took place in Dr. Senter's case, some time before that suppression which immediately preceded the vomiting of urine.

For

For a week previous to this return of vomiting, she had past no urine.* For ten days after this suppression of urine, she had no stool naturally, although she took different kinds of opening medicine in the form of pills and mixture, and also some castor oil: the latter was rejected, but the pills remained. Twice during this period she vomited up fæculent matter. About two days after the second fæculent vomiting, she had a stool naturally, but extremely costive, hard, and lumpy, unmixed with any thing. With the effort of passing this stool, she had a violent pain just above the navel. After this she had no more fæculent vomiting, and had stools naturally, not, however, without the aid of medicines; and for several times they were costive, but afterwards they became more liquid. Soon after she had ceased to pass urine, the stomach again began to swell. It is now six weeks since she past any urine naturally; but it has frequently been brought up by vomiting, at the interval of one, or two, or three days, often clear, and unmixed with any thing. The last time she passed urine naturally was on the 21st of October, 1811. It was clear when first made, but became thick on standing. To the best of her recollection, the first time she vomited a fluid of a urinous taste was a day or two after she had the first costive stool,† and it was mixed with phlegmy slimy stuff; and from this period she has continued to vomit a nauseous fluid, sometimes clear like urine, and sometimes mixed with various matters, and says that her private parts and passages are hot, dry, and sore.‡ Since the return of the swelling of the stomach last mentioned, it has remained much swelled, painful, and hard; and for the last two days the vomiting is of the color of cho-

* At this suppression she described to me no symptom of irritation to pass her urine; and once or twice on visiting her, I discovered no protrusion or fullness such as would arise from a distended bladder, on examining the lower part of the belly, but pain was felt on pressure, and in the back it was a recurring symptom. It appeared to me to be that species of suppression which arises from an impeded flow of urine into the bladder from the ureters. • "There is no tumor in the lower belly, nor desire to make water," says Cullen on this species. Nosol. p. 352. Some physiologists, however, are of opinion that other glands than the kidneys may secrete urine. Paper on Ischuria, p. 335.

† I think it very likely, that, with the fæculent vomiting, some urine was thrown up, not perceptible to the taste from the nauseousness of the former.

‡ Sometimes she has vomited urine twice in the same day, but generally at the intervals mentioned; but all the matters vomited at any time had a urinous taste.

colate grounds, of a very nauseous taste. Complains of much thirst; no appetite; the bowels are at present regular; is troubled with much shivering, and considerable fever and flushes of the face in the evening, and cold sweats towards morning; pulse 80, small, and weak; tongue clean, but redder than natural; says her mouth feels clammy; her tongue is sore, it is a little chopped in the middle; eyes light grey; hair dark brown; teeth very good, and perfectly white; skin fair, with a florid complexion before her illness, but now she is very pale; respiration quick and short, owing to full inspiration causing pain at the stomach; is also troubled with a cough; has very little rest; complains of a smarting, and darting pains in the stomach, which is swelled and prominent from the spleen to the liver, and to the umbilicus, protruding in an elevated state from those parts, and it is extremely tender to the slightest touch. The stomach does not wholly subside during the act of vomiting, but becomes hollow at the time at the upper part.* Such is the situation in which I saw this girl on the 6th of December, 1811.

May 8, 1812.—Since last report, she continued to vomit a urinous fluid until Sunday, April 12, at the interval generally of one or two days; and says, that the longer she continued without vomiting, the more nauseous and high-colored was the liquid vomited; for sometimes she would be three days without vomiting. On Monday, April 6, previous to the Sunday of passing her urine naturally, she took an emetic, which brought up by measurement nearly two quarts of a slimy liquid of a most nauseous urinous taste and smell. This emetic was taken about five P.M. This afforded her great relief from the harassing nausea and load at her stomach;

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* This partial contraction of the stomach is a curious fact, to which, on another subject, Mr. Home, of the Hunterian school, alludes, in some experiments which he made. "During the investigation of the functions of the stomach, it was found, that while digestion is going on, there is a separation between the cardiac and pyloric portions, either by means of a permanent or muscular contraction. This fact placed the process of digestion in a new light, and led me to consider in what way the quantities of different liquors so often taken into the stomach can be prevented from being mixed with the half-digested food. Pursuing this inquiry, I found that the fluids are principally contained in the cardiac portion, and the food that has reached the pyloric portion is usually of one uniform consistence, so that the fluids beyond what are necessary for digestion would appear to be carried out of the stomach without ever reaching the pylorus." Phil. Trans. 1808.

but

but in the night, about twelve o'clock, she was seized with a coldness, and a great general shivering. This continued more or less the greatest part of the night. Upon the accession of this rigor, a very acute pain of the bowels, below the navel, came on, and was shortly succeeded by five or six evacuations per anum, of slimy clotted blood with tenesmus, unaccompanied by fæces.* "On the following morning (Tuesday) she became insensible, with muttering delirium, and she frequently screamed out from pain. She seemed stupid, and only appeared awake by her talking. Her eyes were in a great measure closed, except she was teased to be spoken to. When roused from this stupor, she would talk wildly, at times complaining of her back. This state lasted till the Sunday following, in the afternoon of which day she became more restless and uneasy, complaining of great pain in the lower belly, and about the loins. Her mother imagining from these circumstances that she wanted an evacuation, took her out of bed for the purposes of nature, when she past about a pint of dark-colored urine, of a strong smell, with great pain. After being put into bed again, her senses began gradually to return, and all delirious insensibility disappeared on the next morning (Monday), but she was confused at times during the night."† She now makes water naturally, but always with pain, and so little at a time, that she is three hours in making about a pint, the pan being under her all that time. It is now half past twelve meridie, and at the moment I am taking from herself the notes of her case, the pan is withdrawn, and she has past about a pint of a dark-colored fluid, of a very strong urinous smell, evidently mixed with blood. The general constitutional symp-

* Urine may have past off with the fæces at this time. The stomach never entirely subsided during the time of the suppression. It formed a reservoir for the reception of morbid secretions of its own disease, as well as of the urine. I may here mention, that in the Phil. Trans. for 1808 and 1811, some curious experiments are published by Mr. Home, which show a more direct communication between the stomach and urinary bladder, than through the medium of the general circulation. These experiments were made on dogs; in some the thoracic duct, in others the lower orifice of the stomach, was so well secured by ligature, that after the death of the animal it was clearly seen that nothing could pass that way; yet the urine was found highly tinged with rhubarb, an infusion of which had been injected into the stomach of the living animals after the ligatures were made.

† The account within the inverted commas was received from the mother and an attendant who were with her, as the girl herself does not know what happened to her during this state of insensibility.

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toms and local ones of the stomach continue as already described. She always feels pain and a burning at the stomach after any kind of food, which consists of sago, arrow-root, &c. These are generally taken with sugar, and sometimes with two tea-spoonfuls of cowslip wine. She has taken a pap-spoonful of port wine mixed with three parts of a cup of water; even thus diluted, it feels hot to the stomach. She cannot touch any thing of the kind except largely diluted, as it causes excruciating pain in the stomach. She takes her mucilaginous food in the quantity of a gill six times in twenty-four hours.

July 3, 1812.—She has continued to pass her urine naturally, which at first was mixed with blood; but within the last fortnight her urine has become clearer. She says she is quite certain the bloody urinous fluid comes by the natural passage entirely, as she has frequently past it without stool, and she has no discharge of any kind from the uterus. She has generally a stool daily, sometimes only once in two days; and her stools are invariably mixed with a bloody frothy matter, and sometimes the discharge is without fæces. The swelling of the stomach has subsided gradually after the bloody stools commenced, but the region of that viscus continues very sore to the touch, and gives great pain on pressure. She is unable to take any solid animal food without great distress: she swallowed a few days ago a small piece of roasted lamb, but she felt great weight and violent pain at her stomach for some hours, with nausea, when she was relieved by a stool similar to those already described. The only food she is able to bear is light soft pudding, arrow root, and things of that sort. Her appetite is very deficient; thirst considerable.

July 6.—Her nights are generally sleepless, on account of an aching uneasy feel at her stomach. Pulse about 86. I have this day minutely examined the whole of the abdomen. A tenderness is complained of above the pubes, extending a little way right and left. A tenderness is also felt over the liver and spleen; and upon pressure being made between these organs, exquisite soreness is complained of, and if the pressure be made with firmness, it causes agony with nausea. She is very pale and thin. Her breasts have not suffered the same degree of emaciation with the rest of her body; they are, however, flaccid. With a view of endeavoring to render her service, I directed a decoction of bark in almond milk, that the bark alone might not irritate the stomach, so highly sensible from disease. After being used for a while, it was given up, as it produced no great good, although she thought it improved her appetite. Opiate pills were directed

 at

at the same time to allay pain. She remained comparatively at ease from the use of the pills till the evening of July 22d, when she was seized with a cold shivering and pain in her limbs, succeeded by a burning heat all over her, accompanied with vertigo and dimness of sight. She has been quiet as to nausea and vomiting, till the accession of the cold fit, when she was very sick, and has since continued more or less so. The bowels are torpid, and she has recourse to an opening mixture. Her stools are of the same kind as those already described. The urine is of a natural appearance: she has now no pain in making it. The pulse is quick; much thirst; no disposition for food; stomach very tender to the touch, and not swelled.

Wednesday, August 26.—The stomach was a little swelled, and, as usual, sore to the touch on Sunday morning last. I saw her in this state. During Sunday night very great darting pains were felt in the stomach; sickness, but no vomiting, was troublesome; and Monday morning the swelling began to subside, followed by a considerable quantity of blood by stool; and the swelling is now quite gone down. Nausea continues at times.

Friday, August 28, twelve meridie.—I am now witnessing her vomiting blood: it is rather florid, without clots, and unmixed with any thing except phlegm. She has been sick the whole night; takes cold water with relief.

29th.—The vomiting of blood ceased yesterday afternoon, but returned this morning with much violence. It is now eight P. M. I have seen her four times to-day, during which she has been nearly in a constant state of vomiting, and has brought up by measurement, with what she vomited yesterday, nearly a quart of blood, to all appearance pure. Her pulse is exceedingly quick and feeble, and at one time to-day thready. She has the appearance of a dying person. At one of my visits to-day were present Messrs. Short, Gibbon, and Leach, surgeons.* At my visit at noon she was directed to take some Tinct. Opii in Lac. Amygdal; it had no effect in checking the vomiting. Her constant call is for cold water, from which she finds the most relief: one grain of opium to be taken to-night.

Sunday, August 30.—She took the opiate pill last night about nine o'clock. From that time till four o'clock this

* At this meeting she was considered in a very alarming state, and too hazardous to remove her to the Infirmary at the time, as I had intended. I abandoned this intention from the alarming state in which she continued, showing, beyond the possibility of a doubt, a highly morbid condition.

morning

morning there were intervals of rest. At four the vomiting returned; eleven A. M. sickness and retching still continue. She has brought up nearly half a pint more of blood since I saw her last night about eight. Complains of being very faint; constantly calls for cold water; has taken since the day before yesterday nothing more, the cold water excepted, than half a tea-cupful of sago. Pulse 118, feeble. About one hour ago she past, without pain, about half a pint of urine, pale, like what hysteric people pass. Repeat the opiate at six o'clock P. M. Since my visit at eleven to-day, she has vomited nearly half a pint more of blood. The vomiting has ceased since five, but there is a gulping or retching without bringing up any thing. Complains of dimness of sight, and much pain in the lower limbs. On examination, the right leg is drawn up in a contracted state: it requires some force in attempting to straighten it; the tendons are rigid. While sitting here she has past a gill and a half of urine, limpid, but of a urinous smell. Repeat the pill.

August 31.—Past a restless night from sickness, but the hæmatemesis has much diminished; blood, however, is occasionally brought up. Last evening the left arm was convulsed for a time similar to the leg. The body being costive, an enema of oil, sugar, and gruel was directed last night, to be given this morning if no stool was past. One came away in the night very watery, and so quick that there was no time to give the pan. At four and five this evening she past two stools, fœtid, loose, and without blood. Nausea is still troublesome, but she took a tea-cupful of mutton broth, which remained. Has just made water: the pan was introduced in my presence, and withdrawn, containing somewhat more than a gill of limpid urine.

Nov. 8.—Since the report taken on the 31st of August, her symptoms have been nearly the same as those already described. She has at times vomited much blood; and instead of the opium alone, she was directed to take every six hours pills containing one grain of opium with five of gum kino. These had no effect in permanently restraining the hæmorrhage. To allay the heat of the stomach attending this symptom, she has constant recourse to cold water. She complains to-day of considerable pain over the region of both kidnies, which are tender on pressure. Pulse very quick, small, and feeble. Complains of being faint; and she has just broke out into a sweat. She has fainted while I am writing. Pulse at the wrist obliterated; and she is motionless, with the interruption of an occasional sob and deep sighing. This faintness lasted about three minutes, when it

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went off, preceded by yawning, and the gradual return of the pulse at the wrist. Has suffered several such fainting fits since the return of the vomiting of blood, which was witnessed by Mr. Short, Mr. Gibbon, Mr. Leach, and myself, at that time. The pills do not give the ease they first did. She was ordered a phial of laudanum, to be had recourse to in the quantity that circumstances might require.

January 11, 1813.—Since the last report in November, the symptoms of vomiting, soreness of stomach, &c. have continued in varied degrees. During this interval, I have visited her many times, and have seen her vomit much blood. Her urine has been past naturally, and almost always pale. On visiting her to-day I find her with a voice almost inaudible from great hoarseness. The whole of the left side is spasmodically affected. The fore-arm is so strongly contracted that with much force I could not straighten it. The left leg is drawn to an acute angle with the thigh, by the spasmodic state of the muscles. Her pulse is exceedingly quick; the tongue drier than usual; the countenance extremely pale; says her stomach feels less sore. She has vomited a dark-colored fluid with a tenacious thick sediment, exactly of the color of chocolate.

Sunday, June 20, 1813.—I have very frequently visited this girl since I last took an account. I have uniformly found her in the same state of painful disease and misery. The pulse is on this day 120, and feeble; countenance very pale; tongue very dry. The quantity of food taken lately is very small, chiefly tea; but it is frequently thrown up again, and sometimes with blood. The ankle and instep have swelled lately, and are so at present, indenting on pressure.

Nov. 19, 1813.—Such is the history of the case, copied from my notes, which were taken entirely from the girl herself, except those parts of which, from insensibility, she could not give an account. It was read over to her this evening in the presence of a clergyman, as being the statement I had taken from herself. It was not published before at the call that was made, for one reason, which was given to Mr. Pulley in conversation before that call appeared in print, viz. that I waited to see whether death would take place, that I might add the dissection (which I was promised) to the history of the symptoms. The girl is now as she has been at different periods of her illness, in a comparatively meliorated state. She is still confined to bed; is very pale and thin. The vomiting of blood is much mitigated, though she brings up a small quantity occasionally. The bowels are torpid; urine very pale; no menstruation; it has ceased for a considerable time,

time. She is not able to eat meat in a solid form.* She occasionally takes some broth,—that but seldom; lives chiefly on farinaceous food, and puddings made of apple; is very thirsty. The region of the stomach is more prominent than natural, and it is sore to the touch. For several weeks during the last three months she sweated so profusely that it was often necessary to have her linen changed every hour.

[This valuable paper will be concluded in our next Number.]

For the Medical and Physical Journal.

ACCOUNT *of the* MEDICAL EFFECTS *of* ELECTRICITY, *by* PARKER CLEVELAND, ESQ. *Professor of Mathematics and Natural Philosophy in Bowdoin College.*

IT is not in the least surprising, that an agent so subtle and powerful as electricity, and so wonderful in its effects, should have excited much speculation, and led to many fanciful conjectures with regard to its influence, as a remedy in disease. Not content that it should occupy its proper rank, its friends have, in some periods, gradually extended its supposed efficacy to almost every disease incident to the human system. But, whatever may have been the varying reputation of electricity, in regard to its medical application, sufficient is now known to authorise the belief, that it is a powerful agent in the animal economy, and exerts an important influence on the human body, both in a healthy and diseased state. It may yet prove to be the principal agent in the secretions, compositions, and decompositions of both the animal and vegetable kingdoms. One thing is certain; the only method of ascertaining its effects on the human system, is by careful experiment, accurate observation, and a numerous collection of facts. The discovery of galvanism can hardly fail of promoting these objects, by the facilities it presents for electrical inquiry.

The following cases may not contain any thing hitherto unobserved, but insulated facts, when collected and compared, may hereafter lead to some important general deductions.

In April last, Mr. P. of Bath, called on me for the purpose of receiving electricity. He was entirely deprived of the power of speech, and unable to produce any distinct sound.

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* She has not ventured upon any since the great suffering she experienced from the small piece she took as reported on the 3d of July. Dr. Girdlestone's patient was also unable to take meat.

With

With a great and painful effort he succeeded in making known his wishes by an imperfect whisper. When he thus whispered, both the shoulders were considerably raised. He complained of numbness and stricture in the breast. In this situation, Mr. P. had continued without any relief for about six weeks. His general health was comfortable. At first I permitted him to receive several shocks from a Leyden jar, of the capacity of one pint, about half charged, causing the fluid to pass from one hand to the other through the arms and breast. This charge he did not appear to feel above the wrists. I then gave the jar very nearly its full charge, and passed it two or three times through the breast. He then spoke, in a very audible manner, saying "my voice is coming." His voice then resembled that of a man somewhat hoarse with a cold. He added, "I feel a little of it (meaning the numbness) yet about the lower part of my breast." I then passed two or three similar charges through the part in which the numbness was felt. By this time Mr. P. spoke with his natural voice, and, as he assured me, with perfect ease; being entirely free from any numbness. As he was leaving the laboratory, I observed that the finger which he had applied to the brass knob of the jar was entirely devoid of colour. It was cold and incapable of sensation. I passed a few charges through it, and in the course of a few minutes its colour returned.

So great a change in the space of five minutes was to me surprising; and I took the liberty of requesting Dr. Stockbridge of Bath, whose patient Mr. P. was, and who had sent him to me for the aforesaid purpose, to furnish me with a history of this man. Dr. S. very politely forwarded me an account of his patient; of which the following is an abstract. In October, 1787, Mr. P. (being then eighteen years old) while making uncommon efforts to lift a boat, felt something give way in his back. He immediately fell to the ground, and there remained several minutes, in great pain, with fainting. After recovering so much as to walk, he waded through water, as deep as his breast, and received a severe cold. In about a week he was attacked with a fever, attended with acute pain in the left side of the throat, and a severe cough without expectoration. His fever soon left him, but he remained infirm about five years, and was supposed by his physician to be consumptive. On the expiration of this time he so far recovered his health, as to be able to attend to his usual business. He was, however, soon visited by another disease. This commenced with a trembling of the extremities, and an indescribable uneasiness in the feet and hands, extending in a few minutes to the breast, and causing him

instantly

instantly to fall senseless and convulsed. After remaining from two to five minutes, he recovered, and felt no inconvenience, excepting some degree of debility. He was frequently attacked in the same way, and generally after great fatigue and exposure to cold.

Mr. P. is a tanner. In June, 1796, while shaving leather at the currying beam, he was seized with acute pain at the point of the sternum and short ribs. This suddenly extended up the breast to the throat, and instantly subsided, leaving him entirely deprived of the power of speech, with a sensation of numbness and stricture across the lungs. The power of coughing was almost suspended, and it was with difficulty and a painful sense of suffocation, that any mucus collected on the lungs, could be expectorated. In this state he remained eighteen days, his general health being good, and sleep easy. He was at this time relieved by a few shocks of electricity, passed through the chest. Mr. P. enjoyed comfortable health, till September 1802, when he was again deprived of the power of speech. He complained of numbness and stricture on each lobe of the lungs, while in the region of the sternum he felt free and natural. At this time he applied to Dr. S. who advised an epispastic, and a free use of onions, garlic, &c. By feeding on these, he found himself relieved without employing the blister. He continued subject to slight returns of this disease, until 1806, when a large abscess, formed on the back between the scapula and spine, suppurated and discharged copiously; after which he was entirely free from any attack, and enjoyed good health till the last spring, when he was relieved in the manner before related. A short time since I understood he continued in the possession of comfortable health.

Another case, in which the subject was deprived of the power of speech, and in which electricity was applied without success, was that of a child, aged about ten years. While engaged in play, one of his companions threw a stone, which struck him on the back of the neck; in consequence of which blow, the child instantly became unable to speak, and his tongue remained incapable of motion, being very much withdrawn from the mouth toward the throat. In about half an hour he so far recovered his speech, as to inform his parents in what manner he had been injured. He then relapsed, and remained incapable of speaking for two months. On application to Dr. Lincoln, of Topsham, he advised to employ electricity. The child was accordingly brought to me for that purpose; but, so great was his terror, I was unable to pass any shocks through the neck. I could do no more than fill the child with the fluid, and draw a few sparks through

through flannel from the neck. No good effect followed. Dr. L. then applied a blister, which afforded immediate relief.

A short time after, the same child, falling backward from his seat at school, and striking the same part of his neck, where he had received the blow from the stone, was again deprived of the power of speech. In this situation his friends permitted him to remain for five years, without causing any application to be made. At the expiration of this period, the boy was engaged in a violent scuffle, in which his limbs were very much exerted, and his passions somewhat excited. During the ensuing night he awoke from sleep, found his tongue at command, and the power of speech returned. Very possibly electricity might have given relief in the latter case, could it have been communicated in shocks. This, however, cannot be inferred from the former case, as the loss of speech in the two instances, was attended by very different circumstances.—*New England Journal of Medicine and Surgery, Jan.* 1813.

To the Editor of the Medical and Physical Journal.

SIR,

A STRONGLY marked case of that disease denominated by Dr. Sutton Delirium Tremens, having lately come under my observation, I feel much satisfaction in the task of reporting it to the medical world, through the medium of your Journal.

On the 21st of last month a physician and myself were sent for to Mr. P. a wine cooper, of an athletic figure and fair complexion, aged 34 years. We found him in a sitting room, dressed in black. He arose with a hurried movement and violent shaking of the arms and legs. His countenance was rather expressive of anxiety for something lost, than of wild fierceness; his eye, although suffused, was neither red nor sparkling; his hearing not impaired; his face rather pale than florid, and frequently covered with large drops of sweat; and the jaw a little dropt. He spoke, as he moved, in a manner both hurried and confused. His whole appearance and manner conveyed to me the idea of a man about to suffer for a great crime, in the moment he was in expectation of a reprieve. He had been raving when we were sent for, and endeavoring to escape from the house, under the impression that he was going to attend a funeral; and had dressed himself in black for the occasion. He fancied his pockets full of fowls, and busied himself in picking imaginary insects from his cloaths, the appearance of which he described as

similar

similar to small mice. He mistook his nearest relations for other people, and his friends had been obliged to use force to keep him quiet; indeed, so unmanageable had he been before we saw him, as to require three or four men to hold him, and it had become absolutely necessary to secure the doors and windows, to prevent his escaping into the street; but to the doctor and myself he was tolerably rational, and perfectly condescending.

The tremors of the arm, and the starting of the tendons at the wrist, made it difficult to count the pulse, which was very unequal, or appeared so, both as to strength and fullness; but it exceeded 150 strokes in the minute. He would not acknowledge any pain in the head, although his friends said he had complained of it. He observed to us that he had pains in the limbs, and pointed to the precordia. He had not slept at all during four days and nights, and complained much of the want of sleep. His bowels were open; urine scanty and red; tongue white, and rather furred; considerable thirst; and the face and neck unusually moist. His habits for some years had bordered on daily intoxication, and he was much addicted to smoking tobacco. Some weeks ago he had been briskly purged on account of a contusion of the arm, by the medical gentleman who then attended him. Under all these circumstances, it was determined to draw sixteen ounces of blood from the arm, which was readily accomplished, after the assistants had sufficiently steadied it, which proved a difficult task, as the tremors, or rather spasmodic twitching, were so violent and incessant. The opening was made, and the blood flowed with unusual force and rapidity: as it passed he became more tranquil, and the sweating from the face and neck ceased; but in a few minutes after the arm was bandaged, the trembling and hurried manner returned. The physician with whom I had the satisfaction to attend, observed that this disease bore much similarity to that lately described by Dr. Sutton under the name Delirium Tremens; and considered it a fair opportunity for putting his practice to the test, in which opinion I perfectly coincided. One grain of pure opium was immediately given, and repeated every second hour: in the evening the patient had taken five of the one-grain pills, but was rather more hurried, more confused, and more delirious; with a pulse, if possible, more rapid and unequal. He was now ordered a grain of opium every hour. On the morning of the next day he had taken seven more pills, in all twelve grains, without any material amendment. Four draughts were now ordered him, each containing four grains of opium, one of which he was to take every third hour; and as

as there remained three one-grain opium pills, he was directed to take them also, if he did not fall asleep before night. He took the four draughts and the pills, which, with the former, made *thirty-one grains* of opium in less than *thirty-six hours.* About nine at night he fell asleep, from which in some hours he awoke perfectly sensible, and without tremors. Pulse 104, soft, full, and steady; tongue clean; urine natural; bowels open; and the sweat gone. A draught containing three grains of opium was given at bed-time. On the following day the tremors slightly returned, with some aberration of mind. Three draughts were prescribed him, each containing four grains of opium, all of which he took before midnight. The tremors still continuing perceptible, an infusion of valerian root, with camphor, was ordered: this he took without any apparent good effect. Four grains of opium were taken at bed-time, and the like dose repeated at midnight, which procured him some little sleep. He still remained much indisposed, and the opium was this day (the 26th) altogether omitted. On the 27th, at bed-time, he took five grains of crude opium in the form of pill, and the like quantity was repeated the following night. About twelve o'clock he fell asleep, and continued sleeping, with little interruption, until five the ensuing evening, in all seventeen hours, when he awoke, perfectly free from tremor—calm—and collected. We discontinued our visits from the 4th instant, having the satisfaction to leave him perfectly restored in mind and body. I had some conversation with him yesterday (the 11th), and find he has not had the least return of his complaint.

It is remarkable that through the disease the appetite was good; and that after the first grand exhibition of the opium, the pulse became nearly natural, the tongue clean, the skin free, without partial sweats, the urine of the usual color, and the bowels continued soluble. During the first eight days he took *sixty-four grains of opium.*

In the sketch given of this case, I think there is sufficient shown to establish a diagnosis from phrenitis; a point of the highest importance; for, as the practical distinction is great, the diagnosis should be clear, and to prevent mistake the names of the two diseases should bear no resemblance to each other. I therefore would prefer the name adopted by Dr. Sutton, although it may be objectionable, to that lately proposed in a criticism on Dr. Sutton's work.

I have the honor to be, Sir,

Your obedient Servant,

CHARLES JAMES PERRY,

Member of the Royal College of Surgeons in London.

Bristol, Dec. 12, 1813.

For

For the Medical and Physical Journal.

On the FORMATION *of* FAT *in the* INTESTINES *of* LIVING ANIMALS; *by* SIR EVERARD HOME, BART.

THE investigation of the digestive organs of different animals, in which I have been engaged for many years, has led me imperceptibly into an inquiry respecting the particular uses of the lower portion of the intestines in birds and quadrupeds.

The first thing that attracted my notice more particularly to this subject, was finding that in all animals, whose stomachs are made up of a great variety of parts for the purpose of economizing the food, the colon has a greater extent of surface, and the course of the canal is so disposed, that its contents must be a long time in their passage through it. This circumstance led me to believe that the food, after the chyle is formed and separated from it, undergoes in the lower intestines some changes, by which a secondary kind of nourishment is extracted from it.

The opinion was much strengthened, by finding that the colon of the casuary from Java is only one foot long, and each of the cæca, which are appendages of it, only six inches long, and a quarter of an inch in diameter; while the African ostrich has the colon forty-five feet, and each of the cæca two feet nine inches in length, and at the widest part three inches in diameter: besides which, both the colon and cæca have very broad valvulæ conniventes not met with in the casuary from Java. This wonderful difference, for it is more than fifty to one, can only be explained by the luxuriancy of Java being so great, that this bird might destroy its health by over feeding, had no guard been furnished by nature.

This guard is, the food passing through the intestines with so much facility, and in so short a time, that however much the bird may eat, only the necessary quantity of nourishment is carried into the constitution; but in the African ostrich, the food is retained in the extensive colon till every thing nutritious is extracted. In all ruminating animals, the colon is of great length, is fixed in its course, which is very intricate, and varies in every different genus; so that we cannot doubt of some particular process being carried on in it.

The process which the contents of the colon undergo, is quite distinct from any thing carried on in the other intestines, since they intirely change their appearance and smell; and there is commonly a valve to prevent any part of them, even the gases evolved, from being carried up into the small intestines.

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The peculiar smell of the fæces, which borders so closely on that from putrefaction, although by no means the same, led me to compare them with the animal matter buried in the earth, which is converted into adipocere: in both cases the substance is in the incipient state of putrefaction, but that process never completely takes place; it is excluded from the external air, is either under water or within the reach of imbibing moisture; and there is no substance whatever, the chyle excepted, which can better supply the waste produced by the actions of growth and muscular exertion, than animal fat.

The more I canvassed this new opinion, the greater number of circumstances in favor of it occurred to me; one of the strongest of which is, that there is no other mode I am acquainted with, by which animal fat can be formed. To this may be added the curious circumstance of the sleeping animals, which lay in so large a supply of it, in a short time, to serve for their winter's consumption, having a formation of the intestines almost peculiar to themselves, in which there is no valve to distinguish the colon, and no fixed course for that intestine; so that the contents pass along with more facility, and remain a shorter time in the canal, the food being sufficiently plentiful during the summer to compensate for this want of economy, by which the lower intestines receive more abundant supplies for the production of fat. These intestines remain empty during the sleeping season, so that no fat can be formed in that period.—With this very important information, thus procured, in support of my opinion, I have been led to prosecute this inquiry with increased ardour, and shall now bring forward the facts I have been able to ascertain in confirmation of my hypothesis. These I shall detail in the order in which they were acquired, thinking it better to lay before the society the regular process of the investigation, than to grasp at once at the conclusions, which in the end of it I have felt myself authorised to draw.

I shall therefore begin by stating the circumstances under which adipocere is formed from animal matter, most nearly resembling those in which the contents of the lower intestines in living animals are placed; and this I shall do from facts, entirely within my own knowledge, the specimens of the adipocere being now in my possession; and afterwards go on by bringing forward proofs that a substance similar to it is formed in the colon.

Mary Howard, aged forty-four, died on the 12th of May, 1790, and was buried in a grave ten feet deep at the east end of Shoreditch church-yard, ten feet to the east of the great common sewer, which runs north and south, and has always

always a current of water in it, the usual level of which is eight feet below the surface of the ground, and two feet above the level of the coffins in the graves. In August, 1811, the body was taken up with some others buried near it, for the purpose of building a vault, and the flesh in all of them was completely converted into adipocere or spermaceti. In Stow's History of London, this part of Shoreditch is stated to be a morass, and since that time the ground has been raised eight feet. The clerk and the grave-digger observe, that at the full and new moon the water in the sewer rises two feet, and that at those times, there is water found in the graves, which at other times are dry.

The current of water, which passes through the colon, while the loculated lateral parts are full of solid matter, places the solid contents in somewhat similar circumstances to dead bodies on the banks of a common sewer.

The circumstance of ambergris, which contains sixty per cent. of fat, being found, in immense quantities, in the lower intestines of the spermaceti whales, and never higher up than seven feet from the anus, is an undeniable proof of fat being formed in the intestines; and, as the ambergris is only met with in whales out of health, it is most probably collected there from the absorbents under the influence of disease, not acting so as to take it into the constitution.

Ambergris is found in lumps from fourteen to more than one hundred pounds each; it is not to be distinguished in its appearance from the fæces, but when exposed to the air, it grows hard: a lump has been found in the sea weighing one hundred and eighty-two pounds.*

In the human colon, solid masses of fat are sometimes met with in a diseased state of that canal, and are called *scybala;* these are in all respects similar to ambergris.

Concretions of olive oil and mucus found in the human intestines must be formed in the same way. A case of this kind was communicated to me by our associate Dr. Babington, in the following letter:

"My dear Sir, 17, *Aldermanbury, Feb.* 2, 1813.

"The following are the circumstances relating to the change produced upon olive oil, by passing through the stomach and intestines of the elderly person, whose case I mentioned to you at the last meeting of our Animal Chemistry Society. The lady, in question, had for several years past suffered from severe affections of the stomach, which, from the attendant symptoms, were considered as occasioned by the irritations of biliary concretions. Many remedies having been resorted to without affording her other than temporary benefit, she

* Vide Phil. Trans. 1783.

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was advised to try the effects of olive oil, taken to the quantity of two or three ounces at a time, and to be repeated as circumstances might require. From this she experienced almost immediate relief, and, on the subsequent examination of what passed from the bowels, globular concretions were uniformly observed, which by the persons about her were considered as the gall-stones, which had previously been productive of so much distress. This lady having occasion some months since to visit her friends in town, and a doubt having been suggested by one of her medical attendants in the country, as to the nature of the concretions in question, I was desirous, from the account that I had received, to have an opportunity of determining the point for myself; and therefore requested, that if the pain should recur, and she should be under the necessity of repeating her medicine, that the concretions, which had been said always to pass from the bowels in consequence of her so doing, might be reserved for my inspection. In a few days I was summoned to make my proposed visit, and, upon examining the substances collected, I found their appearance to be such as I have already described to you, namely, that of distinct globules, varying in size from that of a large pea to the bulk of a moderate grape, of a cream color, and slightly translucent, of sufficient consistence to preserve their form, and to bear being cut by a knife, like soft wax, but at the points of their contact disposed to cohere. When exposed to heat, they readily melted, and then at once exhibited their original oily character. The change, which they have since experienced, has taken place in the water in which they have been kept. I am, dear Sir,

"Your's always, very faithfully,

(Signed) "WM. BABINGTON."

"*To Sir Everard Home, Bart.*"

Our associate, Mr. Brande, afterwards examined the substance, and made the following report upon it:

"The globules voided appeared to be composed of the olive oil combined with mucus: the latter separated during putrefaction, and the oil was evolved, apparently unaltered. The relative proportion may be estimated at one-third animal matter, and two-thirds vegetable oil."

The following case, which was also communicated to me by Dr. Babington, shows that fat is sometimes formed in the intestines, and detected passing off with the fæces.

Elizabeth Ryder, four years and a half old, had been healthy for six months after her birth, when she became thin, had a sallow complexion, and was liable to jaundice. At a year and a half old, her belly was tumid, and she had great weakness in her back and limbs, for which complaints Dr. Babington was first consulted. At three years old, her mother observed something come from her, as she walked across the room, which, when examined, was found to be fat in a liquid state, which concreted when cold. Ever since that time to the present, she has voided, at intervals of ten or fourteen

fourteen days, the quantity of from one to three ounces, sometimes pure, at others mixed with fæces; when voided, it has an unusually yellow tinge, and is quite fluid like oil. Her appetite is good, as well as her spirits, and her flesh firm; her belly rather tumid, but not hard: she is subject to occasional griping: her urine natural, and she sleeps well. The specimen on the table was procured under circumstances which precluded all possibility of deception.

These facts, so strongly in favor of the opinion I had taken up, led me to devise in what way it might be put to the test of experiment. I tried to extract fat from the contents of the colon in different parts of its course, but without success. Failing in this mode of obtaining any decisive conclusions, I was led to believe the cæca of birds more favorable for experiments on this subject, and had those of a duck examined by Mr. W. Brande after the bird had been seven days without an evacuation. This confined state of the bowels put the parts nearly under the same circumstances, as if they were in a diseased state. When the cæca were examined, they were found completely distended with fæces of the consistence of soft clay, so that, when the bags were laid open, the contents retained the same form. The intestine, immediately above the cæca, was empty, but the rectum was much distended: its contents were of a softer consistence than those of the cæca.

The following is Mr. Brande's report on this subject:

"The contents of the cæca were divided into two portions, of one drachm each, and comparative experiments were made with similar quantities of the contents of the rectum.

"*Exp.* 1.—One drachm of the contents of the cæcum was completely immersed in half an ounce of water, and kept for seven days in a temperature varying from 40° to 60°. At the end of that time, warm water was poured upon it, but no appearance of fat could be perceived.

"*Exp.* 2.—The same quantity of the contents of the cæcum was immersed in water containing one-fifteenth part of nitric acid, and kept under the same circumstances as in the former experiment. In seven days, warm water poured upon it separated a portion of oily matter, which concreted when cold, and appeared to be one-eighth of the whole mass.

"*Exp.* 3.—Portions of the contents of the rectum were treated in the same way as in experiments 1 and 2. That in water became putrid very rapidly, and showed no appearance of fat. The other, in the diluted nitric acid, was more dissolved

dissolved than in experiment 2. .Considerable extrications of gas took place, but there was no appearance of fat."

From these experiments, we learn that the contents of the cæcum, being confined there for some days, are in a state readily to be converted into fat by nitric acid, while the contents of the rectum are not, probably from being too putrid.

While engaged in this inquiry, I received from Sir Joseph Banks the carcase of a wild swan, which the Hon. Mr. Pelham had shot in the neighbourhood of the Humber. On examining the cæca, their contents were found to be of a bright green color. This led me to propose to Mr. Brande to ascertain by experiment, whether an admixture of bile had any effect upon the process of converting animal substance into fat. The following experiments were made by Mr. Brande upon this subject.

Exp. 1.—He took two portions of human muscle of the same size, and digested one of them in human bile, the other in water, both placed in the temperature of 100°. In the first day the muscle in the bile underwent no change. On the second day it became soft in its texture, and had a slightly fetid smell. On the third day it became more fetid and yellow. On the fourth it had the smell of excrement, was flabby, very offensive, and fatty upon the surface. The portion of muscle, digested in water, had undergone no other change in the four days but becoming slightly putrid, and there was no appearance of fat whatever.

Exp. 2.—A similar experiment to that with the human bile, was made with a small portion of beef, and ox's bile, and the results were exactly similar.

Exp. 3.—The last experiment was repeated in the temperature of 60°. In four days the beef became slightly fetid, and of a yellow color; in six days it became more fetid, but there was no appearance of fatty matter.

Exp. 4.—A portion of beef cut into pieces was digested in ox's bile, at the temperature of 100°. At the end of the fourth day the putrefaction was more advanced than in experiment 2: the beef was washed and heated upon paper, but no greasy stain was produced.

From these experiments we learn, that the bile has a power of converting animal substance into fat; and that the temperature of 100°, or nearly so, is necessary for that process. We learn also, that this change is produced just as putrefaction is beginning to take place, and if the substance goes rapidly into putrefaction, no fat is formed, and, what is deserving of observation, the peculiar smell belonging to fæces,

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so different from that of putrid matter, is produced at the time that fat is procured.

Having succeeded in changing animal matter into fat, by adding bile to it out of the body, I was desirous of ascertaining whether this process could be detected going on in the human intestines; and being in attendance upon a gentleman of an advanced age, who had been six days without an evacuation from the bowels, confined to bed by the gout, I did not let slip the opportunity of his having a very costive stool deeply tinged with bile, to make the experiment. The excrement was put into water, and kept heated for three hours to a temperature of above 100°. When the water was allowed to cool, a film was formed upon the surface, which appeared to be of an oily nature, and Mr. Brande ascertained it to be so. The quantity was not great, but quite sufficient to ascertain the fact; and next day the fæces having subsided, the fatty film was much more conspicuous. In the Phil. Trans. for 1673, p. 6093, a case is stated of a person who labored under an indisposition, attended with sickness and vomiting. In one attack of vomiting, he brought up matter resembling tallow, four pieces of which weighed half an ounce.

This process of forming fat in the lower intestines by means of bile, throws considerable light upon the nourishment derived from clysters, a fact well ascertained, but which could not be explained. It also accounts for the wasting of the body, which so invariably attends upon all complaints of the lower bowels. It accounts, too, for all the varieties in the turns of the colon, which we meet with in so great a degree in different animals. This property of the bile explains likewise the formation of fatty concretions in the gall-bladder, so commonly met with, and which, from these experiments, appear to be produced by the action of the bile on the mucus secreted in the gall-bladder; and it enables us to understand the following effects, which arose from the circumstance of no part of the bile passing into the intestines.

A child was born, at the full time, of the usual size, and lived for several months, but never appeared to increase in size, although it fed heartily, had regular stools, and the food seemed perfectly digested. There was no bile in the stools, and the skin was of a dark yellowish brown. I saw the child while it was alive, and was struck with its want of growth, and its having no fat under the skin, which made it appear longer than new-born children generally are. Upon examining the body after death, the only mal-formation met with,

with, was there being no gall-bladder, nor any duct leading from the liver into the duodenum.

From what happened in this case, a supply of fat appears necessary for growth, for the child was by no means wasted in its muscles, which it must have been had the constitution not been supplied with nourishment.

Animal fat has, I believe, hitherto been considered as a secretion, although there is no direct evidence in favor of such an opinion. It has nothing in common with the secretions; it is met with in all the interstices of the body; is very often quickly deposited, and in as short a time taken back into the constitution. In these respects it corresponds with the watery fluids, with which the body is supplied.

In a former communication respecting the stomachs of animals, I explained that water was taken up from the stomach by channels yet unknown, and carried into the circulation, from whence it is poured into all the cavities of the body, or thrown out altogether by the kidneys and glands of the skin.

On the present occasion, I hope that I have collected a sufficient body of evidence to prove that fat is formed in the intestines, and from thence received into the circulation, and deposited in almost every part of the body. When there is a great demand for it, as in youth, for carrying on the growth of the body, it is laid immediately under the skin, or in the neighbourhood of the abdomen: when not likely to be wanted, as in old age, it is deposited in the interstices of muscles, to make up in bulk for the wasting of the muscular fibres. There appear to be no direct channels by which any superabundance of it can be thrown out of the body, so that when the supply exceeds the consumption, its accumulation becomes a disease, and frequently a very distressing one.—*Phil. Trans. Part II. for* 1813.

COLLECTANEA MEDICA,

CONSISTING OF

ANECDOTES, FACTS, EXTRACTS, ILLUSTRATIONS, QUERIES, SUGGESTIONS, &c.

RELATING TO THE

History or the Art of Medicine, and the Auxiliary Sciences.

Case of extraordinary Abstinence.

CICELY DE RYDGEWAY, in the 31st Edward III. being indicted and condemned for killing her husband, fasted forty days together in Arcta Prisona, without any

meat or drink. Of this extraordinary abstinence, the copy of the following Record; lodged in the Tower of London, is a proof.

Ex Rot. de Anno Regni Regis Edwardi Tertii 31 Partet, Memb. 11.

Rex omnibus ballivis et fidelibus suis, ad quos, &c. Salutem sciatis quod cum Cecilia quæ fuit uxor Johannis de Rygeway, nuper indictata de morte ipsius Johannis viri sui, et de morte illa coram dilecti et fidelibus nostris Henrico Grove, et sociis suis justic. nostris gaolam nostram Notyngh. deliberand. assign. allocuta, pro eo quod se tenuit mutam ad pænam suam extitit adjudicata, ut dicitur, in qua sine cibo et potu, in Arcta Prisona per quadraginta dies vitam sustinuit, via miraculi, et quasi contra naturam humanam, sicut ex testimonio accepimus fide digno. Nos ea de causa, pietate moti ad laudem Dei, et gloriosæ Virginis Mariæ matris suæ, unde dictum miraculum processit ut creditur. De gratia nostra speciali pardonavimus eidem Ceciliæ executionem judicis prædicti; volentes quod eadem Cecilia a prisona prædicta deliberetur, et de corpore pro ulterius non sit impetita, occasione judicii supradicti in cujus, &c. Testimonium R. apud West. xxv die Aprilis.

Per. Bre. de Privato Sigillo.
Convenit cum Record.
LAUR. HALSTEAD, Deput.
ALGERN. MAY, Mil.

Diseases of the Laplanders.

It is curious to know the diseases to which a people are liable, that lead a life so different from ours, and that are strangers to all the baneful effects of luxury and vice, so prevalent among the civilised nations of Europe. Fevers are very rare, and so is the small-pox; which, from the great distance at which these people live from each other, cannot make its way through the community as it does in towns and populous districts. Hence, there are many Laplanders who have never had that disease, and who are liable to fall a sacrifice to it, when exposed to its infection. Intermittent fevers are rare; the coldness of the country counteracting the baneful effects of marshes and stagnant waters, in which Lapland abounds.

Swelled necks, similar to those that occur in Switzerland, and which are there known by the name of *goitres*, are frequent. They have been ascribed to the use of snow-water, but this must be a vulgar prejudice. It is much more likely that they are produced by something peculiar in the dress of cold countries; since it is in them only that they abound.

Sore or *blear* eyes is a disorder almost universal among the Laplanders, and is to be ascribed to two causes, either of which would probably be sufficient to produce a disorder in the eyes. Their huts or tents are constantly filled with a thick cloud of wood smoke. Now every person that has ever been subjected to the influence of this smoke, knows that it is peculiarly acrid, abounding in the fumes of vinegar, and of an empyreumatic oil; both of which act upon the eyes with great energy, and occasion a constant smarting. This I conceive to occasion the blear-eyed appearance which distinguishes almost all the Laplanders. During seven months of the year, the ground is covered with snow; the glittering of which, and the great quantity of light which it reflects, has a pernicious effect upon the eyes, weakens them, and is the probable reason why many of the Laplanders become blind in their old age. The absence of the sun during a part of the winter no doubt diminishes this evil, though it does not remove it entirely.

Female obstructions are rare, though sometimes met with among the better sort of people. It is said that the *catamenia* are much more scanty in Lapland than in the southern parts of Europe. Female diseases from debility are unknown. There are even instances of women walking twenty-five miles to church within five days after being delivered of a child.

Hysterics sometimes occur, but very rarely. Epilepsy is more common. Head-aches are frequent; and deafness is a common disease of old people. A swelling or falling down of the uvula is not uncommon. They cure it by cutting off the part affected.

Coughs and colds are exceedingly uncommon, notwithstanding the coldness of the climate, and the small means which they have of guarding against it. Cases of consumption now and then occur, but by no means so frequently as in Great Britain. It would be of importance to know whether a greater proportion of children die in that country than here; because it would enable us to ascertain whether the greater proportion of health which the Laplanders enjoy be owing to those of weakly constitutions dying in their infancy, or to their really having in general a stronger constitution than those nations among whom luxury and vice have made greater progress. I have little doubt that the first is the true cause, as it is of the great health which savages in general enjoy.

Pleurisies are common in spring and autumn; and lumbago frequently makes its appearance in summer. Asthma is not uncommon among old people; and cases of hoarseness now

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and then occur in winter and spring. Disorders of the stomach and bowels are not unfrequent; but they seldom last long. The stone, the gout, the jaundice, are entirely unknown to them. The absence of the stone deserves the attention of medical men. Some have ascribed this disease to the use of malt or fermented liquors; an opinion so far confirmed by its never appearing in Lapland, where fermented liquors are unknown. At the same time, reflexion will convince us that little stress can be laid upon such reasoning. Our knowledge of the Lapland diseases is necessarily very limited, being merely the information picked up by three or four medical men, during a journey through the country. The stone might easily have existed in Lapland without coming under their observation. The natives may be afflicted with the disease without ascribing it to the true cause. The existence of the stone in the inferior animals, even in those that go wild, and whose food, therefore, has not been altered by the interference of man, ought to prevent us from hastily ascribing the disease to any peculiar species of food. It is found both in graminivorous and carnivorous animals; though much more frequently, I believe, in the former than in the latter. We cannot, therefore, ascribe its absence among the Laplanders to their living on animal food almost entirely; though that may contribute somewhat, perhaps.

The great remedy which the Laplanders employ in most of their diseases is the actual cautery; a remedy much used by the ancient physicians, and still famous in Japan, where the substance employed for the purpose is called *moxa.* This substance, known in Lapland by the name of *toule*, is made of a fine fungus found on the birch, and always chosen from the south side of the tree. Of this they apply a piece as large as a pea upon the afflicted part, setting fire to it with a twig of birch, and letting it burn gradually away. This is repeated two or three times. It produces a sore that will often keep open for six months; nor must it be closed till it heals spontaneously. This remedy is used for all aches and pains, the head-ache, tooth-ache, pleurisy, pain in the stomach, lumbago, &c.

Sometimes they apply a kind of plaster called *kattie*, which is made in the following manner. The fine loose scaly bark of the birch is set on fire, and immediately quenched in water. It is then chewed, and afterwards mixed with fresh turpentine from the spruce fir, both being kneaded together by the hands, till the mass becomes a black uniform plaster. This is successfully applied to hard imposthumes, &c. which it brings to maturity without pain, in a short time, and promotes their discharge.

Tables

Tables of the mean Temperature of each Month of the Year in Stockholm and Petersburgh, cities situated nearly in the same latitude, and nearly at the same distance from the sea.— Both tables are taken from the registers kept in the two capitals, by the Academies of Sciences, who hold their meetings in the respective cities. The Stockholm register is the mean of fifty years, the St. Petersburgh of twenty years; so that both are for a period sufficiently long to give very nearly the correct mean.

	Mean height of Fahrenheit's thermometer at Petersburgh.	Stockholm.
January	12·1°	24°
February	16·1	26·5
March	22	29·5
April	35.5	38·5
May	43·5	52·5
June	54	59·5
July	64·6	64
August	61·5	58·5
September	51	50·7
October	39·4	41·5
November	27·4	31·5
December	18·4	26·5
Annual mean	37·1	41·93

Rain in Sweden.

From the flatness of the country, the smallness of the rivers, and the apparent diminution of the lakes, there is reason to believe that the quantity of rain which falls annually in Sweden is not great. This agrees with the registers which I have seen. The following little table exhibits the depth of rain in English inches, which falls annually in the southern, middle, and northern districts of Sweden:

	Rain.
Lund	18·29 inches.
Upsala	15·37
Uleaborg	14·35

Thomson's Travels in Sweden.

CRITICAL

CRITICAL ANALYSIS
OF RECENT PUBLICATIONS
IN THE
DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

Treatise on the History, Nature, and Treatment of Chincough; including a Variety of Cases and Dissections. To which is subjoined, an Inquiry into the relative Mortality of the principal Diseases of Children, and the Numbers who have died under ten Years of Age, in Glasgow, during the last thirty Years. By Robert Watt, M.D. Member of the Faculty of Physicians and Surgeons of Glasgow, Member of the London Medical and Chirurgical Society, &c. and Lecturer on the Theory and on the Practice of Medicine in Glasgow. 8vo. pp. 392. Longman and Co. 1813.

WE have much pleasure in announcing to our readers the publication of this valuable work. The disease of which it treats is indeed familiar enough to our observation, but, like some others, it has not experienced that attention from practitioners, which its importance and fatality ought to have secured. Every family expects its visitation, and it has become a prevalent fashion to permit this malady to pursue its course with little interruption or assistance, unless such as is afforded by gossips, amulets, or domestic recipes. Is this abandonment of a most serious ailment to feeble, rash, and unauthorised hands, to be attributed to the inefficacy of medicine, or to the negligence and apathy of practitioners? We are disposed to inculpate the latter, and moreover to opine, that whenever the cure of a disease becomes intrusted to unprofessional hands, or that the medicines are supplied duly stamped, a newspaper advertisement, the sole guide and director, from a medicine warehouse, the source of such a sacrifice of understanding, must arise from the conduct of regular practitioners themselves. In the present instance, medical men have been forward to acknowledge that the disease depends upon a peculiar contagion, will run its course in spite of medicine, and the practice they have pursued has too frequently consisted of uncertain, trifling, and unscientific remedies. Medicines the most opposite in quality and effect, have been given upon empirical principles, which it ill becomes such practitioners to adopt and apply, as are for ever exclaiming against quackery, and denouncing its pernicious consequences.

Fatal]

Fatal as hooping cough appears to have been from the earliest records of its appearance, Dr. Watt has been able to discover very few works of consequence upon the subject. He could not trace it in the writings of the Grecian, Roman, or Arabian physicians; while in Britain, and most parts of Europe, no period can be assigned in which the disease did not exist; in London it increased rapidly during the last century; and in Sweden, according to Dr. Rosenstein's account, chiefly taken from the bills of mortality, 43,393 children died of it between the years 1749 and 1764. In the year 1755, 5832 children were carried off by this distemper; and in the years when it has raged with less fatality, about 1700 or 2000 are lost by it.* In Glasgow, the scene of the author's observations, it has continued very uniform for the last thirty years, but rather on the increase. In some years the number of deaths is greatly more than in others, but on the whole it has run pretty nearly about five, or from that to five and a half per cent. of the whole deaths in the city. The greatest number of deaths by chincough in Glasgow, during the last thirty years, was in 1809, when they amounted to 259, or something more than eleven and a half per cent. of the whole deaths in the year. It is somewhat singular, that in the last twenty-five years, there have been only six single months in which some have not died of chincough; and in the last twelve months, not a month has elapsed without a death. Next to the small-pox formerly, and the measles now, chincough is the most fatal disease to which children are liable.

The author considers the disease as highly infectious, and arising from a specific contagion, the degree of which depends on the state of the atmosphere. There are very few instances recorded in which it is supposed to affect a person more than once. It chiefly occurs in infancy and childhood, though no age is exempt from it. From a table inserted, it appears that March is the most fatal month; and that fewer die in the months of July, August, and September, than in any other part of the year. It has also proved much more fatal in some years than in others.

The author thus describes the early symptoms:

"The chincough generally begins like a common cold, attended with more or less fever. The lips appear full, some degree of hoarseness and sneezing succeed, with a redness or turgescence of the face, and generally a watery irritating discharge from the eyes and nostrils. The patient has a greater disposition to sleep than usual, some difficulty of breathing or oppression about the chest, with a hard dry cough.

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* On the Diseases of Children, and their Remedies, p. 194.

cough. The appetite is somewhat impaired, attended with a costive or irregular state of bowels. The patient complains more than usual of cold, particularly in the back and extremities. After some days, the reverse of this takes place, he then complains of thirst, and a sense of heat over the whole body, the skin feeling harsh and dry.

"During the continuance of these symptoms there is occasional headach. The tongue is a little whiter and fouler than usual. The pulse is somewhat accelerated, and now and then irregular.

"This febrile state, which attends the commencement of Chincough, resembles in many respects the fever which precedes the measles or the small-pox. In some cases it is so mild, and continues so short, as hardly to deserve notice; in others it is more severe and protracted.

"In the generality of cases, as the kinks begin to form, the catarrhal and febrile symptoms abate, and the patient in the intervals feels himself quite well; but in others the fever continues, the kinks are less regular, and in the intervals the patient is languid and oppressed. The tongue continues foul, and the appetite bad. The pulse in these cases is weak, excessively quick, and often irregular. The skin assumes a livid color, while the patient's flesh and strength decline rapidly. This is one of the worst forms of the disease, and is most apt to occur in the young and plethoric. It is often fatal, for the danger is not apparent, till it is too late for any remedy to be of service.

"It has been remarked, that the chincough generally begins like a common cold. In some instances it continues in this form throughout the whole course of the disease. 'I have had instances of a disease,' says Dr. Cullen, 'which though evidently arising from the chincough contagion, never put on any other form than that of a common catarrh.'* The same circumstance has occurred within my own observation; and Mr. Burns remarks, that 'in young children, even death may take place, although the disease never fully forms.'†

"*Description of the paroxysm.*—Commonly about the end of the second, or beginning of the third week, the symptoms undergo a very remarkable change. During the cough the expirations become extremely rapid and altogether involuntary. By the continuance of this process the air is suddenly expelled from the lungs, and the patient appears in danger of suffocation. At last he is relieved by a full and violent inspiration, generally accompanied by a stridulous noise, like the crowing of a cock, or the rapid passage of air through a narrow brazen tube. The convulsive expirations are again renewed, and the paroxysm, consisting of these two parts alternately, is continued till relief is obtained either by expectoration or vomiting. The matter rejected is generally a tough mucus, occasionally mixed with the contents of the stomach, and sometimes with particles of blood.

"This manner of terminating the paroxysm, however, happens only in the more favorable cases; in the more severe, the paroxysm ends in the complete exhaustion of the patient, without any discharge whatever.

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* First Lines of the Practice of Physic, Section 1406.

† Principles of Midwifery, &c. p. 541, 2d Edit.

"The expirations during the kink resemble those of a common cold; but are much more rapid and violent. The inspirations, in most cases, bear a very strong resemblance to those of well-formed Croup. It is from the peculiar sound produced by the last of these processes that the disease has been termed *Hooping* cough. The *Hoop*, however, is in many cases completely wanting, and the patient feels no obstruction to the taking in a full breath. 'I have said,' observes Dr. Butter, 'that the Kinkcough is *generally* attended with a shrill inspiration; because it sometimes occurs without that symptom. Such a defect constitutes a variety of the disease, which may properly be denominated the *imperfect Kinkcough*.' *

"It may perhaps be owing to this difference in the nature of the kinks, that in the Bills of Mortality for London, particularly about a century ago, some of the deaths are arranged under the head of Chincough, and others under that of Hooping cough. Even in later periods, from the manner in which the two terms are introduced, one would naturally conclude, that two distinct diseases were meant. Be that as it may, with regard to the circumstance of having or wanting the *Hoop*, I have remarked a very striking difference, which deserves to be noticed. In one set of patients, we have the *Hoop* very long and distinct; but in these the expirations are less rapid and violent. The patient seems to gasp and strain, rather than cough. The face is dark-colored, the eyes are turned up, and there is generally a tendency to fainting or strangulation. The patients affected in this way are generally the very young and the plethoric. In the other set of patients, the expirations are rapid, and so very violent, that, to use the common expression, they look as if they would burst. The face in such cases is of a bright scarlet color, the eyes fiery, and as if they would start from their sockets; but the inspirations are performed as soon, and apparently with as much ease, as if nothing were the matter. Cases of this kind occur in the older and more robust.

"These bursting kinks, as the disease advances, become less violent. The expirations produce a sort of barking noise, and the cough is less confined to regular paroxysms. Sometimes the expirations are of this kind from the beginning, and continue so throughout the whole course of the disease. Mr. Burns perhaps alludes to this form, when he compares the cough to 'the chattering of a monkey quickly repeated.' †

"Dr. Gregory, sen. has noticed a very curious variety of the disease, of which Dr. Kirkland gives the following account: 'Duos notavit casus celeberrimus noster Præceptor Gregorius, quibus non continuo tussiendi paroxysmo sonora inspiratio, sed loco inspirationis syncope superveniebat, et, aliquot horæ sexagesimis post syncopen interjectis, demum subsequebatur, solito more, inspiratio et alter tussiendi paroxysmus.' ‡

"When the kinks are of the Hooping kind, the face, as I have

* Treatise on Kinkcough, p. 3.

† Principles of Midwifery, &c. 2d Edit. p. 541.

‡ Dissertatio Inauguralis de Pertussi, p. 3. 1772.

already

already remarked, becomes swollen, and of a dark purple color, the veins of the head and neck are distended as if ready to burst, and the patient gasps, and has the appearance of sudden suffocation. If he remains long in this situation without making any noise, he is said to have taken a *dumb kink*. In those violent efforts the extremities become cold, a sweat breaks out on the forehead and temples, and even blood is frequently forced from the nose, mouth, ears, and eyes. In many cases, the patient is actually suffocated, falls into a faint, or is seized with convulsions. When the inspirations are long and very difficult, the patient is said to have fallen into the *back draughts*. This symptom is generally regarded as little better than the *dumb kink*, both of them showing the disease to be of a very unfavorable nature.

"We have seen that in children the form of the kink is very different; in adults we meet with a similar variety; but the hoop seldom or never occurs. The bronchial system, at this period, is perhaps incapable of taking on that morbid state on which it depends. In two young women between twenty and thirty, the kinks were very severe and frequent. The face was flushed, and the whole body much agitated; but there was no apparent difficulty in the inspirations. In the lady's case, who had this disease along with her children, the kinks were of the same description, but accompanied with a most violent headach. These were the only adults I remember to have seen under the disease.

"Dr. Heberden remarks, that 'adults are, as it were, overpowered at once upon the access of the fit, so that they fall down instantly, as in an apoplexy, but they very soon come to themselves; this is a distinguishing symptom of the disease in those who are grown up.' *

"Dr. Butter gives the case of a woman of thirty, the mother of several children, and at the time in a state of pregnancy. He does not mention any affection of the head among the symptoms, but remarks, that 'sometimes the fit was so severe as to threaten suffocation. She sometimes expectorated a white thick phlegm, and then the fit was short. A severe fit was always attended with a clear ropy expectoration. She complained also of pain in her right side, which sometimes shot through to the other, and sometimes downward, so as to imitate labour pains.'† The disease was subdued in a short time by the use of hemlock and other remedies. The patient was afterwards delivered of a healthy child, and had a good recovery."

The fits vary much in frequency and severity, and recur at irregular intervals. The appetite is various, at times voracious, at others impaired. The author considers a great desire for drink a bad sign, and deems a free indulgence hurtful. He thinks "a tea-spoonful or two will quench the thirst as well as a full draught, while it weakens and oppresses the stomach much less." In this particular we can-

* Commentaries on the History and Cure of Diseases, p. 431.

† Treatise on the Kinkcough, p. 61.

not unite with him in opinion, having never witnessed any unfavorable circumstance from allowing a child a moderate portion of any aqueous beverage. Dr. Watt had previously remarked, that nothing brings on a fit of coughing more readily than "fretting the patient." Now, we can hardly conceive any thing more likely to fret a child parched with thirst, and exhausted with the violence of former paroxysms, than snatching the honeyed cup from his lips before he had well tasted the refreshing beverage.

Some judicious remarks occur on the fever which is present in Hooping cough, and which in some instances nearly resembles Typhus. The author points out three states of fever as deserving of particular notice: the first is that anomalous febrile state, which accompanies, more or less, even the mildest forms of the disease. It seems to partake more of the inflammatory than the typhoid type. The pulse is variable, easily accelerated, rather hard, and at times irregular. The second state is typhoid. "In this state there is nothing so remarkable as the quickness of the pulse. From being full and moderately slow, it passes at once to almost insuperable frequency, and is often so weak as hardly to be felt." The third state of the fever is decidedly inflammatory. "The pulse is not so quick, but it is full and hard, attended with considerable difficulty of breathing, occasional pains in the chest, increased heat, loaded tongue, and all the other signs of pneumonic inflammation.

The author has less to observe on the state of respiration in Hooping cough, than we think requisite; we have no objection to his drawing upon Dr. Darwin, for the practical remarks of that writer are always valuable; but in a work evidently considered by its author as the only complete account of the disease of which it treats, we did expect to be favored with some original observations upon this very important function; as it is, the following paragraph comprises the sum of the author's information.

"From the state of the pulse, and the state of the breathing, we can draw more certain conclusions, as to the nature and severity of the disease, than from any other circumstance whatever. *I have never met with almost any case*, where either the one or the other was much affected, where there was not very considerable danger; and none where the two symptoms were conjoined, that did not prove fatal, unless opposed by the most vigorous treatment."

We are not clear that our conception of the author's statement, "I never met with almost any case," is correct, but we suppose him to mean that he *has* met with cases in which either the pulse or the breathing were much affected, without "there being considerable danger."

Among

Among the unfavorable symptoms, Dr. Watt has noticed the urine deficient in quantity, of a high color, becoming turbid on standing, the patient having a frequent desire to void it, while the quantity discharged is very small; the skin uncommonly dry and insensible to the touch; a pale leucophlegmatic appearance; skin, especially of the face and extremities, of a livid and dark color; œdema of the feet and hands; nostrils dry, and itchy; cutaneous eruption, if any, disappearing.

The reader will meet with some valuable remarks on the termination of the disease; the diagnostic symptoms; and symptoms of Bronchitis, which we have not space to detail. The account of the opinion of early writers on hooping cough, will also prove interesting to the medical scholar. The length to which this article has already extended, will not admit our citing any of the author's cases; but we shall avail ourselves of his account of the dissections, because they are much less frequent than in most other diseases. We are all of us well acquainted with the symptoms of hooping cough, yet few of us have investigated the appearances after death.

The first dissection was of the author's own son, aged six years.

" The body was opened by Mr. Robert Limon, a pupil of mine, sixty-five hours after death, and the following notes were taken at the time by my friend, Mr. William Couper, surgeon, of this city.

" ' The lungs appeared to fill the whole cavity of the thorax more completely than they generally do.

" ' The anterior surface of the lungs appeared as if covered with whitish-colored flat tubercles, (not unlike bad confluent small-pox,) as if some white fluid had been effused under the covering pleura. On making some incisions into the substance of the lungs, the cells were found filled with a whitish purulent-looking mucus, with only a small admixture of air. The cells immediately under the investing pleura, thus filled, were the cause of the external appearance of the lungs above described. Some very small portions of the lungs appeared to have the cells less full of this mucus than the rest, the external surface of these portions having a more natural appearance.

" ' The posterior surface of the lungs had a brighter appearance than the anterior, having more the look of recent inflammation.

" ' The inside of the trachea from the thyroid gland downwards, to an inch below the bifurcation, had its inner surface smeared over with the same kind of mucus, as that filling the cells of the lungs. Beyond this its branches appeared completely filled with the same mucus.

" ' The whole inside of the trachea, and its ramifications, was painted with red vessels, appearing to have been the seat of recent inflammation.'

" At

"At this time it was thought unnecessary to carry the investigation farther; but next day my friend Mr. Muir, of Paisley, expressed a wish to ascertain the state of the stomach and bowels. In consequence of this the abdomen was opened, and the following notes were taken by Mr. Muir respecting the contents. It should be remarked, that even at this late period, there were hardly any signs of putrefaction.

"'On laying aside the integuments, the intestines and stomach presented themselves in a very white or bleached-like appearance. There was a long patch of inflammation on part of the small intestines, and beside it, another smaller mark of recent inflammation. A similar appearance was found on one part of the great arch of the colon, in which there was no fæces, but a little thin greenish-colored fluid. The mesocolon was wholly very dark colored, nearly approaching to gangrene. On turning up the stomach, the under and external surface was as if painted with a brown color like new-burnt coffee in appearance, and there was little of it free from traces of this color. It was as if laid on with long strokes of a brush half an inch broad. Some of them were, however, narrower and shorter than others. On laying open the stomach, the internal surface had numerous red streaks, the marks of recent inflammation; there was an universal crust of lymphatic exudation, and much of it was collected in the upper part, owing to the position of the viscus, when the body was examined.'"

Dissection 2.—Janet Watt, sister to the above, aged four years and a half. Her body was opened twenty-five hours after death, and the following notes taken by Dr. Graham:

"'The skin is generally of a livid color, and very dark in some places, an appearance which it had a tendency to assume some time before death. There were no signs of putrefaction. On opening the chest, the lungs were found of a purple color, irregularly interspersed with whitish spots slightly elevated, which were found to be owing to a mixture of mucus and air under the pleura. There were no adhesions between the pleuræ, but the lungs had not collapsed nearly so much as usual. On the convex surface of the right lung a very small quantity of tough purulent-looking matter was observed, which seemed to have escaped by one or two small openings in the pleura, whether the consequence of rupture or erosion could not be determined. Similar matter was found interspersed through the substance of the lungs, but there was no where any cyst containing it. The lungs felt knotty, and uncommonly firm in some places; but on cutting into them no tubercles, such as are met with in phthisis, could be detected. In some places though their bulk was increased, they were firm, and sunk in water; in others they sunk from being collapsed, though not indurated. The pleura costalis seemed rather more vascular than common. The trachea was slightly inflamed on its internal surface, and covered with a quantity of frothy mucus, intermixed with small portions of a purulent-like matter, which increased in quantity downwards, till it nearly plugged up the smaller ramifications. Before opening the pericardium, it seemed to contain a larger quantity

quantity of fluid than is usually observed, but it having been accidentally punctured, any fluid it might have contained escaped, without being noticed.

" 'The abdominal viscera seemed sound. The gall-bladder was full of dark-colored, thick, viscid bile.' The head was not examined, but from the nature of the symptoms, there was little reason to expect disease in that quarter."

Dissection 3.—Margaret Beaton, aged three years and three months.

" The body was opened forty hours after death, in presence of Mr. Russel, several of his pupils, and myself. The skin was more livid than usual, but there were no signs of putrefaction.

" 'On opening the chest, the lungs appeared to have collapsed about as much as usual. Their anterior surface was more irregular than is generally found, and thickly mottled with a whitish ash color. These whitish patches occupied about two thirds or more of the whole surface of the lungs, and were slightly elevated above the rest. Pressure on any part of the lungs produced or increased these whitish spots, around where the pressure was made, apparently by forcing along the air and mucus under the investing pleura. Almost the whole of the right lung had nothing of a cellular feel, but, as Mr. Russel observed, it felt like a piece of spleen or liver. On cutting into the substance of the lungs, in various places, the air cells appeared to be filled with a viscid semipurulent mucus, which oozed out in great abundance. A considerable margin along the lower edge of each lung was of a bright red color, felt solid to the touch, and when cut off, sunk readily in water.

" 'On laying open the upper part of the trachea, its internal surface was of a reddish floculent appearance, but without any inflammatory exudation. This inflammatory appearance increased as we proceeded downwards, till, in the more minute ramifications of the bronchiæ, the whole surface was of a bright red color, as if painted; but still there was little or none of that purulent-like mucus, usually found on inflamed secreting membranes. As far as we could trace these passages, the ingress and egress of the air appeared to be unobstructed.

" 'There were numerous adhesions between the right lung and the pleura costalis of that side; but these appeared to have been of some standing, or perhaps had no connection with the present disease. They were more probably the effects of a pneumonic attack, which she had about a year ago, and since which she has always had more or less dyspnœa, particularly on any considerable exertion.

" 'The contents of the abdomen appeared to be sound, with the exception of about a foot of the ilium, which was very vascular, and of a red color, Part of the mesocolon appeared also to be somewhat redder and more vascular than usual.

" 'On removing the skull cap, the dura mater adhered to it very firmly, but did not show any signs of disease. The veins over the surface of the brain were very turgid, but perhaps not more so than

we

we usually find them in young subjects. There was no water in the ventricles, and the other parts of the brain appeared to be perfectly sound.' "

Dissection 4.—Miss K. aged four years and a half.

" The body was opened twenty-five hours after death by Mr. Limon, in presence of Mr. Russel and myself, and the following notes were taken.

" ' The body appears very much emaciated. The skin is darker than usual, and stained here and there with livid spots. Left arm and leg œdematous. A place on the breast and neck, where a blister had been recently applied, of a dark livid color. No signs of putrefaction in other respects.

" ' On opening the thorax, the lower part of the right lung was found to adhere firmly and extensively to the pleura costalis of that side. This portion of the lung seemed to be enlarged, and occupied fully that portion of the chest. It was of a whitish color, had lost all appearance of cellular structure, and on being pressed with the finger, it felt hard and gristly in some parts and soft and pulpy in others.

" ' On removing the adhesions, a large abscess was discovered, ramifying through this part of the lung in all directions, and partly filled with purulent matter. The immediate parietes of the abscess were of a dense cheesy consistence, and varied from a quarter of an inch to an inch in thickness. Beyond this solid portion, the whole substance of the right lung was interspersed with tubercles, exactly similar to those met with in ordinary cases of pulmonary consumption. Many of these tubercles were smaller than peas, and some of them as large as hazel nuts. Some of them were slightly, others more extensively inflamed, and many of them were in a state of suppuration.

" ' The whole surface of this lung was covered with a layer of inflammatory exudation, and in many places the investing pleura appeared to be very much eroded and destroyed.

" ' The left lung was much more collapsed than the right, and exhibited those irregularities on its surface, and the same mottled appearances described in former cases. On examining its substance between the finger and thumb, it was found to have the same tubercular feel as the right, and much more solid than natural.

" ' Some parts had a peculiar reddish purple color, and felt more uniform in their texture than the rest. The color of these portions seemed to depend on the quantity of blood contained in them. When cut off, they sunk readily in water.

" ' On cutting into this lung, the number of tubercles was nearly as great as in the right, and were as much diversified in point of size, but fewer of them had arrived at a state of suppuration. On this side there were no adhesions, and the investing pleura did not appear to have suffered from inflammation as in the right.

" ' The mediastinum appeared to have suffered in the first instance from inflammation, and latterly its cellular portion had become œdematous. On pulling up the sternum, part of it adhered to its

inner surface, and part of it remained floating between the lungs like a quantity of jelly. The pericardium contained a much larger quantity of fluid than usual, but the heart itself appeared to be sound.

"'The whole of the larynx and trachea were then removed out of the body and examined. The glottis and epiglottis were slightly inflamed. The internal surface of the trachea was also a little more vascular than usual, and was covered with the natural mucus. On proceeding farther down, the vascularity seemed to increase, but even on entering the bronchiæ, it hardly deserved the name of inflammation. At no place as far as it was traced, could any thing like a lymphatic coat be discovered. Here and there we could perceive some particles of purulent matter, but these had evidently arisen from the abscess in the lungs.

"'On opening the abdomen, the liver was found much enlarged, extending into the left hypochondrium, and downwards into the umbilical region. Its surface was of a whitish ash or clay color, resembling boiled liver. The structure did not appear to be much changed, but the whole substance felt somewhat denser than usual. The gall bladder was full of a thin light-colored bile.

"'The spleen was also enlarged, and its surface was rough and vascular, as if it had suffered from inflammation.

"'The stomach was very much contracted, being little more capacious than the rest of the intestines. The internal coats were much corrugated, but no signs of disease. It contained a small quantity of fluid like thin gruel.

"'The intestines were here and there of a dark color, but this seemed to depend entirely on these portions having lain in a more depending posture than the rest. Owing to the want of time, the head was not examined. But we had little reason to expect any morbid appearances in that quarter.'"

For the treatment of this disease, Dr. Watt has enumerated all the most favorite and approved remedies of the writers, which he has with much industry consulted; and though we do not find any thing novel in this part of the subject, we think he has fairly weighed the merit of the several modes of cure which he has noticed, has shown what combinations of medicines are most likely to succeed, and pointed out others which have less beneficial effects than have usually been attributed to them. This part of the work occupies 130 pages.

An appendix is subjoined, which contains a very interesting inquiry into the relative mortality of the principal diseases of children, and the numbers who have died under ten years of age in Glasgow, during the last thirty years. We shall content ourselves with selecting a few extracts.

"Taking an average of several years, I found that more than a half of the human species died before they were ten years of age, and that of this half more than a third died of the small-pox, so that nearly a fifth part of all that were born alive perished by this dreadful malady."

Since the introduction of vaccination, the proportion of deaths from small-pox diminished in an astonishing degree; but on the other hand the fatality of measles was very much increased. "In the small-pox we have the deaths reduced to nearly a fifth of what they were twenty-five years ago; in the same period, the deaths by measles have increased more than eleven times." Thus, as the small-pox disappears, measles advance to keep up the usual waste of human life. The fact with regard to Glasgow is indisputable, and the author thinks that measles must in some degree be modified by small-pox. "That the measles (he remarks) should have been thus modified by the small-pox, is rendered highly probable by various analogical facts. The manner in which the vaccine disease prevents the small-pox is quite in point, and when it has failed in preventing them altogether, it has rendered them so mild, as not to be attended with the smallest danger. May not small-pox have a similar effect with regard to measles?"

This is an important subject for inquiry, but we have little apprehension as to the result. We are somewhat surprised indeed that a writer possessed of so much acuteness and spirit of investigation, as is Dr. Watt, should have so readily embraced a conclusion founded on analogy; that, admitting the facts, he should have taken so little trouble to find other causes than that which he has alleged. Neither do we think his argument much strengthened by his quotation from Dr. Woolcombe, who makes Providence create children for the mere purpose of destroying them. "Since disease," says that physician, "is one of the appointed checks to excessive population, and the plan of Providence in the creation of human life, requires the termination of the existence of one third of its creatures, before they have attained the age of two years, it may be doubted whether the annihilation of so efficient an instrument as small-pox can be admitted without the substitution of some other equally destructive malady." It is not for such insignificant beings as reviewers to canvass the particular designs of Providence in the creation of man; but without flying at so high a quarry, we may be allowed to question the propriety of calling in the Deity upon every occasion, to solve difficulties which a little attention on our own part might possibly explain. If men by debauchery unfit themselves for generating a healthy progeny, are enfeebled by the operation of poverty and unwholesome employments, or match themselves to unfit help-mates, are they to call in question the mercy of God, and accuse him of those consequences which are the natural result of their own misconduct?

conduct? Epidemical disorders, indeed, seem to be beyond the control of man; but we well know that his mode of living and peculiar circumstances have a very modifying effect upon them, and even these may be explained without invoking Apollo.

We have not had an opportunity of comparing the London bills of mortality with those of Glasgow during the period Dr. Watt describes; but as far as extensive public practice in a wide district, and inquiry from physicians in great practice in other neighbourhoods, can inform us, the fatality of measles does not appear to be increased in London since the introduction of vaccination.

It seems the number of still-born children at Glasgow has increased something more than a per cent. and a half on the whole deaths. Dr. Watt, however, does not accuse either small-pox or cow-pox of occasioning this misfortune, but attributes it to "the introduction of particular manufactures, by which immense numbers of women are employed in public works or confined to sedentary employments, by which the general health and vigor of the system must be materially impaired." "From this cause we may calculate not only on a greater number of dead-born children, but on a more puny offspring in general, and consequently on a greater number of deaths in infancy." So say we, and may not measles be influenced by such causes? The only fatal cases which have occurred to us, and these are very few, were precisely under such circumstances, the puny offspring of mechanics, dwelling in close unwholesome apartments.

In concluding, we hope that the spirit of inquiry on the subject will go forth, and that we shall shortly have accounts from different parts of the kingdom. If we have differed in opinion from the ingenious author, it has been, we trust, from the same desire for truth, and to encourage that ardor for investigation in others, which he possesses in an eminent degree. Esse enim contemplationem veritatis, omni operum utilitate et magnitudine digniorem et celsiorem.

MEDICAL TRANSACTIONS, *published by the* COLLEGE *of* PHYSICIANS *in* LONDON. Vol. IV. pp. 415.—Longman and Co. 1813.

WE congratulate the profession on the appearance of this volume, which indeed has been somewhat long in collecting, for the first papers it contains were read upwards of seven years ago. Still the subjects are interesting, and being the productions of some of the leading physicians in London, have strong claim to notice. In a collection of cases and practical observations, there is little scope for criticism: the

the captious, indeed, may always find something to cavil at; the laborious critic to display his dulness, and the smart writer his wit; but on such an occasion, in our opinion, the proper mode of proceeding is to gratify our readers with offering them the most valuable papers in the volume.

Dr. M. BAILLIE has contributed two cases. The first is of a boy seven years of age, who had hydrocephalus, and in whom some of the bones of the skull, once firmly united, were, in the progress of the disease, separated to a considerable distance from each other. This was the only circumstance deserving remark in the case. Dr. Baillie regards it as a very rare occurrence, none of his medical friends having met with such an instance; and the doctor states that he has not found an example of it in any of the books which he has consulted. He admits, however, that want of time prevented his looking into as many books as he could wish. Dr. Baillie certainly can employ his time to more advantage than in turning over books; but we think he might have found similar instances without losing many of his golden moments. We merely opened two; the first was Tulpius, who was very eminent in his day, and has left a valuable work behind him: in the fifth edition of his *Observationes Medicæ*, published at Leyden, 1716, lib. 1, cap. xxiv. p. 45, is the following case. "Puer quinquennis, dissectus in valetudinario publico, congesserat in capite tantum liquoris, ut vitiatâ naturali figurâ, tantoperè inter se descisserent dissoluta ossa: ut dilatata ipsorum compages, haud parùm discreparet, a virili magnitudine." If it be objected that in this subject the bones had been partly absorbed by the action of so much pressure from within, perhaps the following instances from Bonetus, in p. 305 of the first volume of the folio edition published at Geneva, 1679, may be regarded as more in point, although the age of the patients either is not given, or is younger than in Dr. Baillie's case. "Imo quandoque cerebrum universum diffluat, juxta Zacutum, aut ex cerebro irruens aqua *suturas* dissolvat." Ex Fontano, Pract. lib. 1, cap. iii.

Another case of a boy aged two years, "cui per hydrocephalum superiores omnes et legitimæ suturæ, præter unam lambdoideam, quæ parum hiabat, ita erant diductæ, ut aqua incumbens cerebro per diaphanam cutem transpareret."

In page 307, the same author explains the progress of the disorder in separating the sutures in young subjects, for in the adult it cannot be done. "In provecta enim ætate, ac senibus, suturæ non tantum arctissime junguntur, verum etiam non raro cranium plane coalescit, ut vestigia tantum cerebrum supersint. Hinc pueris aqua, priusquam cerebrum premat, ventriculos distendit, hac augescente, etiam

suturæ

suturas, non ægre cedentes divellit, tandem etiam membranas expandit, imo et ipsum cerebrum, membranarum in modum ductile; unde caput ad eam molem, quæ in hydrocephalis conspicitur, excresscit: hinc aqua capaci spatio conclusa, minus premit et distendit. In senibus autem quorum cranium durum ac compactum, si aqua quotidie incrementa sumat, defectu spatii; obvia quæque comprimit, atque eousque donec arctatis omnibus spirituum animalium viis, apoplexia illos abripiat."

Jacobus Fontanus, in pract. lib. I, cap. iii. gives the dissection of a boy, in which the sutures were severed to the extent of four fingers. "Distabant autem suturæ fere digitis à se invicem."

We now return to Dr. Baillie's case:

"The great peculiarity in the progress of this boy's disease is the separation of some of the bones of the scull from each other, which had once been firmly united, in consequence of the accumulation of water in the ventricles of his brain. It may very naturally be enquired, whether there was any peculiarity in the sutures of this boy's scull, by which some of its bones, once firmly united, had, by gradual distension from within, been separated from each other. In examining the edges of the two parietal bones at the sagittal suture, the processes of union appeared to be more simple in their form, and fewer in number, than is usual in children of the same age. The same circumstances were observed in examining the edges of the frontal and parietal bones at the coronal suture. Had the processes at the edges of these bones been more numerous, and more irregular in their form, it is very difficult to conceive how they could have been separated in the progress of this disease, from each other. If the boy had been a few years older, the same effect most probably would not have taken place; and in an adult, the bones of whose scull were united by the usual strength of sutures, it would have been impossible.

The edges of the frontal and parietal bones were thinner than is usual at the same period of life; but this effect had been probably produced by the gradual pressure of the brain against these bones, in consequence of the accumulation of water in the ventricles. Had the patient lived still longer, they would probably have become still thinner, through the continued influence of the same cause keeping up an increased action in the absorbent vessels of these bones.

II. *Of some uncommon Symptoms which occurred in a Case of Hydrocephalus Internus.* By MATTHEW BAILLIE, M.D.F.R.S.

"A Gentleman, aged fifty-six, was seized with symptoms of compression of the brain, on the 9th of February, 1805, and became

became completely paralytic on the right side, upon the 11th of the same month. By this attack he lost his recollection of the words of his own language, except a very few, which he pronounced with the greatest distinctness, exhibiting none of that thickness in his pronunciation which is so common in paralytic patients. These words, *yes, yes, no, no, Mr. Reed, yesterday*, were employed upon all occasions, with a great variety of tone, to express pleasure and displeasure, joy and sorrow, to explain the circumstances of his disorder, and to give directions about what he wanted. He did not seem to be aware that these words were not the proper ones to express his meaning, for he often betrayed impatience when he was not understood, and was not mortified at repeating so often the same words: other words he could pronounce distinctly, but he hardly ever did it, except in repeating some word that any person in his presence had just uttered. His countenance expressed a full share of understanding, and he seemed to comprehend whatever was said or done by others in his presence. His eyes appeared in a natural state; the pupils were not dilated, and his sight was perfect. He sometimes expressed a feeling of pain in the upper part of his head, by putting his left hand there. His skin was sometimes a little hot: his pulse was sometimes between ninety and a hundred, was often of the natural frequency, but was never very slow, nor irregular.

"During the first four or five months, nothing remarkable was observed in the paralytic limbs; but about six months before the death of the patient, the right foot was contracted involuntarily inwards, and the right hand was bent upwards and forwards upon the fore-arm. The fingers soon afterwards were contracted into the palm of the hand, and the fore-arm was bent upon the arm. This state of the upper extremity was sometimes attended with pain, and varied a little in the degree of contraction at different times. During the last weeks of his life, the right arm acquired so much rigidity in this posture, as to resemble in some degree the permanent attitude of a Fakir in Hindostan. Soon after the right foot was contracted inwards, the right leg was bent back upon the high, and the right thigh was bent upwards and forwards upon the trunk of the body. This however was not in the same degree as the bending of the right arm which we have just described. Within a few weeks of his death, there was also some degree of involuntary contraction in the left leg and thigh, but there was none in the left arm. About two months also before the patient died, the right thigh and leg became much swelled, and there were even appearances which denoted a tendency to mortification; but these soon vanished, and the

the swelling gradually in a great measure subsided. During this uncommon disease, the bowels were for the most part rather costive: the urine was generally in the natural quantity, sometimes a little scanty, but was never remarkably deficient. In the course of so long and severe an illness, the temper of the patient was sometimes irritable, but it was often very calm, and he exhibited great kindness of disposition, which made a part of his natural character. On the 6th of January, 1806, after an illness of eleven months, he died, and, for a few days previous to his death, he was almost in a constant state of drowsiness.

"At the beginning of his attack he was directed to lose blood by the arm, was cupped, and had a blister applied to his head. Some purgative medicines were ordered for him, which were continued in a milder form during the greater part of his illness. When he was languid, he was directed to take some mild tonic, and when his irritation was considerable, it was appeased by an opiate. For five or six weeks he took four grains of the Pilulæ Hydrargyri every night, with the view of diminishing by absorption the matter which was evidently compressing the brain; but without any advantage. Very little benefit indeed was expected from medicine from the first attack of the complaint; but from time to time it relieved some troublesome symptoms as they occurred.

"Some of the circumstances of this disease were so singular, that I had much more than a common curiosity to examine the brain after death. My patient's relations very liberally acceded to my wishes upon this subject, and the brain was examined in my presence on the 8th of January, 1806, viz. two days after he died. The membranes of the brain and its substance were perfectly natural in their appearance. The blood-vessels were not too much loaded with blood, and there was no appearance of blood having been extravasated in any part of the substance of the brain. The lateral ventricles of the brain however were found to contain rather more than six ounces of water. Besides this, there was no other diseased appearance, except that the left vertebral artery was enlarged in its size, and its coats had become opaque. The result of this examination very much surprised me. Although symptoms of pressure upon the brain were very strongly marked, yet none had occurred during any part of the disease, which usually denote the accumulation of water in the ventricles."

III. *A singular Case of Stricture and Thickening of the Ileum, by* Dr. Charles Combe. *Communicated by* William Saunders, M.D. F.R.S.

"William Payne Georges, esq. of a very nervous and delicate habit, had been for many years troubled with flatulency and

and complaints in the bowels, attended with costiveness and a quick pulse, which generally beat between 90 and 100 in a minute. Towards the end of September, 1805, he had an irregular intermittent fever. From this time all his former complaints rapidly increased. He especially complained of wind and great costiveness, and about two hours and a half or three hours after eating, of excessive pain in the bowels. So intense was this pain, that for the last three weeks he refused taking any solid food, and subsisted entirely on jelly, broth, milk, &c. and these only in very small quantities, always dreading the pain that succeeded even this kind of food.

"When he had a natural stool, it was passed in very small indurated lumps, either separate or attached together, bearing some resemblance to sheep's dung. Besides the above complaints, he had been for several years troubled with an uncommon pulsation of the aorta about the region of the loins, which was not only perceptible to himself internally, but even by the hand applied externally, upon the umbilical region. This inconvenience continued to increase to the time of his death, which took place early on Sunday morning, February the 9th, 1806, at which time he was more emaciated than any person we had ever witnessed.

"On the next day the body was opened by Dr. Combe in the presence of Dr. Saunders, and the following appearances were observed.

"There was not any fat between the skin and the muscles of the abdomen, or about any of the parts of the integuments. The epiploon was entirely wasted, and there was not the least appearance of fat about the mesentery or kidneys. The liver, pancreas, spleen, and kidneys, were in a sound state. The stomach, though rather smaller than usual, was in a natural state, as was the duodenum, the jejunum, and the upper part of the ileum. The lower part of the ileum, as far as the colon, was contracted, for the space of three feet, to the size of a turkey's quill. The colon had three constrictions, one about three inches long at the distance of seven inches from the cœcum, a second about one inch long at the distance of four inches from the former, and a third not quite half an inch long at the distance of three inches from the last.

"In consequence of the constriction of the ileum, and the total want of fat in the abdomen, there was nothing to support the colon in its natural situation. It had, therefore, fallen, and lay irregularly on the small intestines, and consequently there was no appearance of what is called the arch of the colon. Wherever the intestines were constricted, the

coats

coats were very much thickened, and exhibited an appearance of inflammation; while the blood-vessels, passing through the mesentery to the intestines, were enlarged. The aorta was in a perfectly natural state.

"Though the lacteals are distributed to the whole of the intestines, they are most numerous about the ileum, and we believe nearly all the chyle is absorbed before the food reaches the colon. In proportion as the coats of the intestines thicken, the absorbent power of the lacteals is diminished, and in the constricted part of the ileum in this case we believe the absorbent power of the lacteals was totally destroyed. Hence arose the general marasmus. From the ileum which lay upon the aorta, being inflamed, and therefore more irritable, and from the absence of fat which would lessen the apparent action of the aorta, Mr. Georges became very sensible of the pulsation, and suffered considerably from it. It became perceptible to the hand in the same manner as the pulse in the wrist, for so greatly was he emaciated that the finger and thumb might be placed on each side of the aorta, and be strongly sensible of the lateral pulsation. The time at which Mr. Georges perceived the great pain and uneasiness to commence after eating, corresponds with the period at which the food would naturally arrive at the beginning of the constriction of the ileum. The figure of the stools we apprehend arose from the constrictions of the colon."

IV. *Cases of Tetanus in consequence of Wounds; evincing the utility of relaxant medicines, and more especially of the pulvis ipecacuanhæ compositus in large and repeated doses.* By J. Latham, M.D. F.R.S.

This is a very satisfactory paper, and fully establishes the good effect of opium and James's powder; and especially of pulvis ipecacuanhæ compositus, in some cases of Tetanus, as the following instances will prove.

"The first case which more especially called my attention to this subject, occurred to Mr. Hawkins, of Croydon, who stopped me in the street to enquire where he might find our common friend Mr. Long, as he wished to inform him that the patient whom they had seen together a few days before, for a bruise about the elbow, had been seized with locked-jaw. In our conversation respecting it, he asked me if I knew how to cure it: I told him that I had never yet been successful in a single instance, but that in the first case which should occur to me, I had determined to push boldly the relaxant plan, and give large and repeated doses of James's powder. He without hesitation stated his determination to try the method suggested, but doubted whether he ought

not to persist in the use of opium; which however he had hitherto been giving without any manifest advantage. It was agreed that he should still continue the usual remedy; the powder and the opium were given *alternately*; the result was favorable, for in the course of a few weeks, I had the satisfaction of knowing that the patient had perfectly recovered.

"The next case occurred to me in St. Bartholomew's Hospital: the patient's hand had been bruised dreadfully, and one of his fingers crushed to pieces. A locked-jaw with almost universal tetanus succeeded; and such was the violence of the muscular spasm every ten minutes, that it seemed very likely soon to put a period to his sufferings. I directed for him five grains of James's powder every four hours and for several days had the satisfaction of finding that the muscular rigidity diminished, and that the convulsive motions of the system were less painful and less frequent. So much benefit seemed manifestly to have been produced, that I was firmly persuaded that a cure was about to be effected, and at the desire of the pupils, who were very anxious about the case, I made it the subject of a clinical lecture, in the course which I was then delivering at the hospital. The publicity of the case became, as I then strongly suspected, the cause of our disappointment; for the pupils propagating the favorable report which the apparent advantage derived from the powder had enabled me to make, a constant succession of visitors unfortunately interrupted that progress which the patient seemed to be making towards a complete recovery. His spasms returned with violence, and the jaw which had become considerably relaxed, was now much more rigid. In consultation it was determined to remove the finger, and to give opium in large doses: the original plan was then forsaken, and in the course of the next day a dreadful recurrence of spasm, which had indeed throughout the night violently tortured him, put an end to his existence."

The third case, after exhibiting very favorable symptoms from the use of the medicine, terminated rather unexpectedly, by the patient being seized suddenly with a succession of spasms which destroyed him in a few hours. Having succeeded in one case out of three, Dr. Latham was determined not to relinquish the principle, but in future proposed to try the pulvis ipecacuanhæ compositus. The first case which occurred after this resolution, was at St. Bartholomew's Hospital, the particulars of which we shall transcribe.

"John Triggs, a middle-sized strong-built man, aged twenty-five, by employment a groom, had the misfortune to have a fall from his horse on Tuesday, the 23d of October,

1798.

1798. It was not discovered that he had received any other injury than a slight wound on the outer ancle of the right leg, which was healing very kindly under the care of Mr. Blicke, in St. Bartholomew's Hospital, into which he had been, immediately after the accident, admitted.

"On the 30th of October, the wound was almost closed, when he was suddenly seized with a rigid sensation about the muscles of his neck, which, as he described it, held his head firmly down, as if bound with cords: his lower jaw became affixed to the upper with little or no power of extending it, and his whole body, and especially his wounded leg, was affected by spasms. In the more severe attacks he felt a violent pain under the sternum, leading upwards from the scrobiculus cordis, in the direction of the ensiform cartilage.

"At the beginning his pulse beat 120 strokes in the minute, he sweated profusely, and numerous miliary eruptions appeared about the wrists. On the following day, October 31st, he was visited for the first time by Dr. Latham, who ordered ten grains of the Pulvis Ipecacuanhæ compositus every four hours with Ol. Ricini occasionally: the wound was at the same time dressed with a common bread and milk poultice, and he was kept on the milk-diet of the hospital.

"On making frequent enquiries concerning his feelings, he said he thought himself gradually becoming better, his pains and spasms having abated, and his jaws admitting of a thin slice of bread soaked in milk. In a few days he could put the point of his thumb between his teeth, though not without exerting some force; and a regular amendment continued till the 12th of November, when the pains under the sternum returned, the affected limb became spasmodic, with twitchings in various parts of his body and profuse sweatings. These unfavorable symptoms were supposed to have arisen from his imprudent omission of the Oleum Ricini, for they were much alleviated by a proper evacuation of the bowels. On the 13th he was better, but there being a continuance of the spasms in a slight degree, the doctor shortened the intervals between the administration of the medicines from every four to every three hours. On the 14th, a perceptible advantage was observed from the increase of the quantity of the pulv. ipec. comp. within the last twenty-four hours. He was now more comfortable, his jaws admitting of wider distension, and allowing him to take larger quantities of food. In this manner he proceeded, daily improving, until the 18th, when the poultice was thrown aside, and the wound was again attempted to be healed. Appearances continuing to be favorable, the time of administering his medicines was altered on the 20th from every three to every four hours. On the 23d

he was so greatly recovered that he was ordered to take decoct. cinchonæ ℥xiv. cum tinct. cinchonæ ℥j. every six hours, and the time of giving the pulvis ipec. compositus was altered from every four to every six hours.

"His appetite grew so keen, and he gained strength so rapidly, that on the 4th of December the milk-diet was changed to that of meat, and he was allowed to get out of bed.

"Every symptom having disappeared, and the wound being healed, he was discharged from the hospital on the 13th of December.

"It is worthy of remark, that during the whole time of taking the pulvis ipecacuanhæ compositus he felt no unusual inclination to sleep, although in every ten grains of it he was swallowing one grain of pure opium, and that too every four hours, and sometimes oftener. He complained of no other inconvenience from it than a continued sweating, with a trifling degree of debility from being kept so long in bed."

In another case in which this remedy proved beneficial, the symptoms were less violent. The last case, which we give intire, is very memorable. "At the very time," says Dr. Latham, "I was arranging the histories of the foregoing cases, and considering the probable efficacy of Pulvis Ipecacuanhæ compositus in the cure of this disease, Mr. Eaton, an apothecary in Holborn, wished me to see his relation who was his shopman, and who from cutting his hand by corking a bottle about three weeks before, had been laboring for three days under the very worst possible state of Tetanus. For his better accommodation, Mr. Eaton had removed his patient to Somers-Town, who was then attended by Mr. Ford of Golden-square. The account which he gave me of the young man's sufferings was distressing in the extreme; and he added that, in his opinion, as well as in that of Mr. Ford, nothing was likely to serve him; but that for his own satisfaction, as a relation, he was desirous that I should see him. I took from my drawer the very cases above recited, and read them to him, under the idea of encouraging him to persevere with resolution in the plan which I proposed. He was accordingly ordered to give his patient ten grains of pulvis ipecacuanhæ compositus every two hours until I visited him, which I promised to do early in the morning. On seeing him according to my promise, I found him (as he expressed himself) not worse, but, as he thought, a little more comfortable: I therefore directed him to persevere in the use of the powder, which he continued regularly to take almost twenty days. During this time the spasms were occasionally very dreadful; for he was usually drawn into an irregular arch, his head and his feet forming its two extremities;

ties: his urine was often forced from him by the violence of the spasms, and his belly was frequently drawn inwards, and very obstinately constipated. Fully sensible of his situation, he not only persevered in the use of his medicine with astonishing resolution, but of his own accord took two or three times a-day ten or twelve drops of tincture of opium. Although his jaws were so locked together as scarcely to admit at any time the edge of a shilling, yet he contrived to get the medicine into his mouth, either by squeezing it, when made into a soft bolus, through the small aperture which his utmost efforts could make, or by taking it as occasion allowed him in a liquid form. The comparative degree of ease which he sometimes experienced encouraged him to go on, notwithstanding the sudden recurrence of the spasms, and the violence of them each time, which nearly hazarded his very existence. I purposely omit in my account of this case many circumstances, such as the regulating his bowels by clysters or by castor oil; the giving broths or light nutritious liquids; the allowing a little portion of wine diluted with water, when sudden faintness or deliquium supervened. Such arrangements of course were made as occasions required; but I more especially wish to lay stress upon the facts that the compound powder of ipecacuanha was never once omitted, as I believe, for more than a fortnight, that it never induced any remarkable drowsiness, that the perspiration was generally great, although not immoderate, and that nothing like sickness occurred until the 17th or 18th day, when he appeared to those about him suddenly to be giving way,—but on vomiting a little glairy fluid he found relief, and the alarm of his friends ceased. Until this time his amendment had been gradual; but after this sudden deliquium and sickness, and a further relief obtained by evacuating the bowels, his spasms seemed greatly to abate; and now for the first time he began to dislike the powder, which indeed did not longer seem very necessary, but which was nevertheless given in smaller doses and at greater intervals. He was now directed to take wine more freely, and to begin a course of bark in decoction with the tincture and aromatic confection. In a week from this time he rapidly recovered, and in a few weeks afterwards was enabled to attend to his business as usual.

"After two or three years, a piece of glass which had been gradually making its way, was extracted by Mr. Ford from between the thumb and first finger of the patient's hand. Mr. Ford, who saw this case in the first instance, and who kindly called occasionally upon the patient during the continuance of the complaint, declared to me, that of all the

the cases which he had seen (ten or twelve) this was by much the worst."

V. *Remarks on Tumors, which have occasionally been mistaken for Diseases of the Liver.* By J. LATHAM, M.D. F.R.S.

The affections which the author thinks are most likely to be confounded with diseases of the liver, are scirrhous pancreas and enlargement of the right ovarium. They occasion the symptom of diseased liver, by producing pressure on the biliary ducts. "I take it for granted (he observes) that nobody can easily mistake an *inflammation* of the liver: the pain in the organ (either acute when its investing membrane is affected, or obtuse when its parenchymatous substance suffers) and the febrile exacerbations regularly consequent thereupon, will sufficiently mark this disease: neither, if the liver can readily be felt, and if the usual icteric symptoms be present, can we be very much deceived as to the viscus affected; but when, perhaps for the first time, a patient is only conscious of pain, when his physician investigates his case by pressure about the right hypochondrium and scrobiculus cordis, when his appetite has gradually failed him, when he is troubled with eructations, and his stools have been clayey and adhesive, then I suspect that the liver is becoming inactive, notwithstanding the skin and eyes may yet be clear, and the urine scarcely tinged with bile. If pressure discovers a deeper-seated uneasiness under the scrobiculus cordis, but neither enlargement nor pain in the right hypochondrium; and if the patient tells me that although his appetite is not amiss, yet eructation and vomiting commonly follow his meals, I then suspect, notwithstanding the eyes and skin may be yellow, the urine full of bile, and the stools without any, that the pancreas alone may be the organ affected, which pressing upon the stomach produces nausea and sickness, and obstructing the passage of the bile through the hepatic ducts occasions every symptom of an *apparently* diseased liver. If, without any perceptible hardness of the liver, I observe the true characteristic yellowness of the eyes and skin and urine, notwithstanding pain should be acutely felt in the direction of the biliary ducts, yet if (the pain not remitting) the fæces should sometimes be well tinged with bile, and at other times be without any such appearance, I should suspect that the symptoms were produced by an indurated pancreas. If an acute pain is constantly felt in the direction of the biliary ducts, and strikes through to the back with that sort of sensation as if something

something was affixing the liver thereto, whether the fæces be tinged with bile or not, a biliary concretion either in the ductus cysticus, or in the ductus communis choledochus, most probably produces it.

"But a diseased ovarium, more commonly than an enlarged pancreas, produces, by its pressure upon the biliary ducts, every symptom of indurated liver. The delicacy which is properly due, and is rightly observed in every disease of females, too often, however, hinders that examination which in its early stages would always lead us to a just distinction. We are told that there is a fulness in the right side: we see clearly that there are icteric symptoms, but we thence conclude too hastily that the disease is in the liver. In this as in the case of indurated pancreas, the appearances of the skin and urine and fæces will vary; and hence also we have at once a *presumptive* proof that the liver is not the *permanent* seat of the disease. We should therefore immediately solicit an examination, which will usually put the matter beyond all doubt; for, I believe, upon pretty strong pressure, the ovarium, when enlarged, will be traceable as ascending from a circumscribed base from below upwards, and the liver (as in all women, whether it be diseased or not, this organ may usually be felt) will be found by an equal pressure descending from above downwards; but between one viscus and the other, whether ovarium or liver, the same degree of pressure will, I think, always discover a sort of chasm or space, denoting a termination of the enlargement: *below*, therefore, the enlarged viscus must be the ovarium, *above* it will be the liver. I do not, however, mean to say that in all possible cases this mechanical sort of distinction must necessarily hold good; yet in the early stages of the disease it will never, I believe, mislead us, and in the later periods of it, with exact attention to collateral circumstances, it will seldom fail. I will not here mention any other tumors of the abdomen, as these are easily enough to be distinguished from enlargements of the liver: for such only which are manifestly attended with icteric symptoms, and are thence liable to be confounded with real hepatic disease, can regularly come within the scope of my present observations."

Upon the method of cure Dr. Latham does not presume to know more than his brethren; in these obscure diseases the reputation of the physician seems to depend more upon his ability in discriminating, than in his power of curing them.

A full Analysis of all the other papers contained in this important Volume, will be given in our next.

MEDICAL

MEDICAL AND PHILOSOPHICAL INTELLIGENCE.

Account of some Experiments and Observations on Cutaneous Absorption.

By Thomas Sewall, M.D.

EXPERIMENT 1.—September, 1809. I immersed my feet in an infusion of four ounces of madder in one gallon of water, at the temperature of 99°, that of the atmosphere 65°. The infusion just covered the melleoli interni. In this condition I suffered my feet to remain ten hours. Urine was drawn at the time I placed my feet in the infusion, again at different intervals for thirty hours afterwards.

The first drawn portion was pale and not changed in its colour by adding to it a solution of the vegetable fixed alkali. The portion drawn two hours after was also pale and not changed by the alkaline test. The portion drawn four hours after I placed my feet in the infusion, on the application of the alkali, was evidently reddened. The different portions drawn at the end of the sixth, eighth, tenth, and twelfth hours after I placed my feet in the infusion, were high coloured, and exhibited a bright crimson, on adding to them a few drops of the alkaline test. The bright crimson in the succeeding portions gradually subsided, but the red colour could be distinctly traced in the portion drawn twenty-four hours after I placed my feet in the infusion. Afterwards the red colour was gradually lost. Blood was drawn from the arm just before and after I placed my feet in the bath, but the serum of both portions was of its natural colour, and not changed by the alkali.

Experiment 2.—I immersed my feet in an infusion of madder four hours. Urine was drawn when I placed my feet in the infusion, again at the end of the second hour. Neither portions exhibited any change when tested with the alkali. That drawn at the end of the fourth hour was evidently higher coloured, and on adding a few drops of the alkali, instantly assumed a bright red. Urine drawn at the end of the twenty-fourth hour, was of its natural color, and not changed by the alkaline test.

Experiment 3.—I immersed my hand and wrist seven hours in an infusion of four ounces of madder in two quarts of water, at the temperature of 98°. Urine was drawn at the time I placed my hand in the infusion, again at the end of the third, fifth, seventh, ninth, eleventh, fifteenth, and twenty-second hours. The first and second portions were of the usual colour, and not changed by the alkali. The portions drawn at the end of the fifth, seventh, and ninth hours, were evidently higher colored, and on adding the alkali, instantly assumed a bright red. The red color in the succeeding portions gradually subsided, and the portion drawn at the end of the twenty-second hour was not altered by the test.

Experiment 4.—I immersed my hand and wrist four hours in an infusion of three ounces of rhubarb in two quarts of water, at the temperature of 98°. Urine was drawn at the time I placed my hand in the infusion, and at different intervals for twenty-four hours after. The first portion was of its natural color, and not changed by the alkali. Those portions drawn at the end of the fifth and sixth hours of the experiment,

periment, exhibited, on the application of the alkali, an evident change to an orange color.

Since making the above experiments, I have immersed my feet for several hours in infusions and decoctions of redwood, logwood, and oak bark, but have not been able to detect any of their coloring principle in the urine.

Croup.—In a late case of this terrible disease, a child of fifteen months was bled to the amount of six ounces from the external jugular, *twenty-four hours after the commencement of the disease.* There ensued a very long-continued faintness, and it was manifest that the remedy could not have been employed to a much greater extent, without serious consequences. But the result was happy. In a few hours the respiration altered, and it was nearly natural in twelve hours after the bleeding. A recurrence of the disease the next evening was apprehended, but it did not take place. The child ultimately did well.

Sketches of the State of Medicine in Italy, in 1812.—At Pavia, the residence of the celebrated M. Scarpa, is an admirable institution. The medical professors are ten in number; the professorships are thirteen. They are as follow: the institutes of surgery; clinical medicine; botany; clinical surgery, by Scarpa; human anatomy, by Fattori; operative surgery, by Scarpa; pathology and legal medicine; chemistry, by Brugnatelli; materia medica; physiology and comparative anatomy; pharmaceutic chemistry, by Marabelli; midwifery.—In addition to these are professors in the following departments: agriculture; experimental philosophy, by Volta and Configliachi; natural history; general physics.

An extensive library belongs to the school, and a splendid museum of anatomy and the various branches of natural history. These are contained in a building much like the medical school in Paris, but twice as large. The hospital is an excellent one, and under remarkably good management. The industry and superior advantages of the head of the institution, M. Scarpa, have contributed greatly to the benefit and improvement of the school. Scarpa was the pupil of Morgagni, and colleague with Fontana. At the early age of eighteen he was professor of anatomy at Modena. After this he was a pupil of William Hunter in London, and then came to settle in Pavia. He has recently finished an improved gorget for the operation for the stone, one advantage of which is that it enters the bladder with very little force on the part of the operator. M. Scarpa will also publish an instrument for performing lithotomy above the pubis.

M. Brugnatelli, the professor of chemistry, is making a very large collection of concretions found in the animal body. To facilitate his object he has sent circular letters to the medical men in Italy, soliciting specimens of this nature. These applications have been very successful, if one may judge from the extent of his cabinet. He finds that in some of his specimens, the different layers of calculus are composed of essentially different principles. One of his specimens shews a great analogy between the animal and vegetable systems. He has a piece of rhubarb in which is imbedded a calcareous concretion in

every respect resembling those found in animals, and appearing to have been gradually formed there.

M. Brugnatelli edites a large periodical work, a great part of which is taken up by the reports of his own labours.

Pisa is the seat of a medical school to which is attached a considerable hospital. But the establishment may with more propriety be said to belong to Florence, for the professors generally reside in that city and hold their examinations there. To Fontana's cabinet of anatomical preparations in wax at Florence, is annexed a small collection of preserved animals and skeletons in comparative anatomy, also a very extensive collection of minerals and marine productions, and a hortus siccus well displayed. Within the grounds belonging to the establishment is a botanical garden, possessing every convenience for the preservation of tender plants. The physical apparatus belonging to the academy is pretty extensive. The two globes of copper and lead with which the famous experiment of compression was made are preserved here, also the telescope with which Galileo made some of his most important discoveries.

Florence has two extensive and well established hospitals; one civil, the other military. The latter contains an unusual number of lunatics, many of whom have become so from the effects of the conscription, or of sudden and extreme poverty.

Mr. Tardy, surgeon, late of Marchmont-street, has just established a house for the reception of insane persons. The numbers received at this institution being very limited, Mr. Tardy trusts that he can accommodate patients in a manner superior to what can be expected in establishments upon a larger scale, as well in regard to the internal arrangements of the house, as to the facility which will be afforded of exercise out of doors, by the appropriation of between two and three acres of pleasure and garden grounds, the whole secured from external observation, being surrounded by several acres of meadow land, belonging to the same proprietor, and situated in a very airy and healthy situation, about ten miles from London.

Mr. Tardy, meaning to confine his practice in future to the treatment of insane persons, and with his family on the spot, will be able to secure to those who are received into his asylum, both male and female patients, every attention and assistance which the general source of their disease on any emergency may require. Communications addressed to Mr. Tardy, surgeon, at his office, 14, Marchmont-street, Brunswick-square, will be immediately attended to.

New Operations for Cataract.—An experiment of the most important kind has recently been tried upon the pensioners of Greenwich Hospital, by direction of the Honorable Governors of that Institution, with a view to ascertain the comparative success of different operations for cataract. The operation of extraction had been performed, it appears, upon the blind pensioners, for the last fifteen or twenty years, by the celebrated oculists Mr. Wathen, and by his successor Mr. Phipps, but not, it is understood, with very satisfactory termina-

tions.

tions. The Governors have now appointed Mr. Adams to be oculist to the Hospital, (where all the blind men in the navy are sent when invalided;) that gentleman has performed a series of novel operations for cataract, upon a large number of patients, with singular success. We have not been informed of the peculiarities in Mr. Adams's newest operations, nor have accurate intelligence of the comparative results of the *old* and *new* methods; but those results, we have learned, are decidedly in favor of the latter.

Note from Mr. P. Lee *to the Editor, on the Effects of Ammonia in preventing Contagion.*

Sir,

It is now more than twenty-six years since I first used it, under the impression that contagion might be in itself an acid sui generis, or combined with some acid which had not been ascertained by analysis: taking this for granted, I thought the ammoniacal vapor once in contact would neutralize the principle, and so far decompose the sceptic matter of contagion as to render it inert, or tertium quid. For this purpose I made use of the liquor ammoniæ, by frequently sprinkling the bed and room where I was in attendance on typhus patients, and for some time observed that not one of the visitants or attendants caught the fever. I shall detail the case of one family in proof of this circumstance:—John Wright, pilot, of South Shields, in the county of Durham, in the year 1800, himself, wife, and five children, were all in a state of typhus fever; the man, his wife, and one child, were in bed, two upon chairs, and two on the floor, all cooped up in one small room, the weather at that time being very sultry. Prior to my being called in, a married woman and a girl of thirteen years of age caught the fever; and although their relatives and friends visited them after the ammoniacal vapor was used, not one was affected. Lately, when the alarm was given that the plague was in Wapping, I went in quest of it, with a full determination of being barricaded in with whom I could find affected, hoping I should find the ammoniacal vapor as efficacious in preventing the contagion of plague as it did of typhus, by which I should arrest the disease on its first appearance; and being well aware that one method I use in stopping mortification would prevent the carbuncles degenerating into a state of gangrene, I should have entered into it with full confidence of success, well assured government would have supplied me with every requisite. The nitrous fumigation of Dr. Carmichael Smith may be equally efficacious; but when it is considered that congestion in the lungs frequently attends typhus fever, any excitement producing cough must increase it. The ammoniacal vapors do not produce this effect; and if a sufficient quantity of liquor ammonia was allowed to prisons, ships, and other places liable to low nervous fevers, it would be the means of preventing a disease which is the pest of this country.

38, *Rathbone Place, Oxford Street,* P. Lee.
Dec. 29, 1813.

The Deaths within the Bills of Mortality this Year are—

Abortive & Stil-born	630	Gravel, Stone, Strangury	11	Stoppage in the Stomach	25
Abscess	57	Grief	5	Surfeit	2
Aged	1571	Headmoldshot, Horshoehead, and Water in the Head	297	St. Vitus's Dance	2
Ague	2	Inflammation	741	Swine Pox	1
Apoplexy and Suddenly	292	Inoculation	2	Teeth	288
Asthma	574	Itch	1	Thrush	44
Bedridden	5	Jaundice	34	Tumor	2
Bleeding	30	Jaw Locked	2	Water in the Chest	27
Bursten & Rupture	19	Leprosy	1	Worms	1
Cancer	83	Lethargy	1		
Canker	1	Livergrown	45	**CASUALTIES:**	
Childbed	186	Lunatic	207	By the Explosion of Gunpowder	1
Colds	13	Measles	550	Bit by a mad Dog	1
Colic, Gripes, &c.	8	Mortification	205	Broken Limbs	1
Consumption	4736	Palpitation of the Heart	6	Burnt	35
Convulsions	3239	Palsy	144	Drowned	101
Cough & Hooping Cough	389	Pleurisy	19	Excessive Drinking	4
Cow Pox	1	Piles	1	Executed	12
Cramp	2	Quinsy	5	Found Dead	9
Croup	85	Rash	1	Frighted	4
Diabetes	3	Rheumatism	8	Killed by Falls & several other Accidents	80
Dropsy	698	Scurvy	3	Killed themselves	35
Evil	4	Small Pox	898	Murdered	4
Fevers of all kinds	714	Sore Throat	4	Poisoned	3
Fistula	6	Sores and Ulcers	13	Scalded	3
Flux	7	Spasm	24	Suffocated	5
French Pox	11	St. Anthony's Fire	4		
Gout	34				

Christened	Males	10608	In all 20528
	Females	9920	
Buried	Males	8993	In all 17322
	Females	8329	

Whereof have died,

Under Two Years of Age	5167	Seventy and Eighty	1211
Between Two and Five	1733	Eighty and Ninety	489
Five and Ten	604	Ninety and a Hundred	61
Ten and Twenty	526	A Hundred	1
Twenty and Thirty	1108	A Hundred and One	1
Thirty and Forty	1501	A Hundred and Two	1
Forty and Fifty	1751	A Hundred and Nine	2
Fifty and Sixty	1606	A Hundred and Thirteen	1
Sixty and Seventy	1559		

Decreased in the Burials this year, 973.

On

On the important subject of definite proportions, Professor Berzelius, of Stockholm, draws the following conclusions as laws of formation:

1. In a chemical combination of two or more oxidated bodies, (whether it consists of acid and acid, of acid and base, or of base with base,) the oxygen of the substance which is most abundant, is a multiple by a whole number (1, 2, 3, 4, . . .) of the oxygen of the body which is least abundant; and in every chemical combination between two combustible substances, they are present in such quantities, that, if the compound be oxygenized, a new combination will be formed, which follows the same law.

2. In organized productions, two, three, or more inflammable substances are united, and attached to a single portion of oxygen, which is only sufficient for the oxygenization of one of them; and this combination cannot be divided into more immediate component parts, nor be formed from such parts.

Dr. Richard Powell will, in January, commence a Course of Lectures on the Practice of Medicine, at St. Bartholomew's Hospital.

Dr. Clement Hill will commence his Course of Lectures on General and Pharmaceutical Chemistry, on Wednesday, January 23d, at the same Hospital.

Mr. Abernethy will commence his Spring Course of Lectures on Natural and Morbid Anatomy, and Physiology, on Thursday the 20th of January, at two o'clock, at the above Hospital.

Theatre of Anatomy, Bartlett's-court, Holborn.—Mr. John Taunton, F.A.S. Member of the Royal College of Surgeons of London, Surgeon to the City and Finsbury Dispensaries, City of London Truss Society, &c. will commence his Winter Course of Lectures on Anatomy, Physiology, Pathology, and Surgery, on Saturday, January the 22d, 1814, at eight o'clock in the evening precisely, and to be continued every Tuesday, Thursday, and Saturday, at the same hour.

In this Coruse of Lectures it is proposed to take a comprehensive view of the structure and economy of the living body, and to consider the causes, symptoms, nature, and treatment of surgical diseases, with the mode of performing the different surgical operations; forming a complete course of anatomical and physiological instruction for the medical or surgical student, the artist, the professional or private gentleman.

An ample field for professional edification will be afforded by the opportunity which pupils may have of attending the clinical and other practice of both the City and Finsbury Dispensaries.

Theatre of Anatomy, Blenheim-street, Great Marlborough-street.—The Spring Course of Lectures on Anatomy, Physiology, and Surgery, will be commenced on Monday, the 24th of January, at two o'clock, by Mr. Brookes.

Anatomical Converzationes will be held weekly, when the different subjects treated of will be discussed familiarly, and the student's views forwarded. To these none but pupils can be admitted.

Spacious

Spacious apartments, thoroughly ventilated, and replete with every convenience, are open all the morning for the purposes of dissecting and injecting, where Mr. Brookes attends to direct the students, and demonstrate the various parts as they appear on dissection.

Dr. Squire will, on Saturday, January the 8th, begin a Course of Lectures on the Theory and Practice of Midwifery, and the Diseases of Women and Children, at his house, in Ely-place, Holborn.

Dr. Clough, Physician-Accoucheur to the St. Mary-le-bone General Dispensary and Endeavour Society, will commence his Winter Course of Lectures on the Science and Practice of Midwifery, including the Diseases of Women and Infants, as connected therewith, about the middle of January 1814, at his house, 68, Berners-street. Morning course at half-past ten; evening course at seven.—Students, when properly qualified, will have the same extensive opportunity of attending cases as usual, for practical improvement, in regular progression; and their views forwarded by weekly examinations.

Dr. Clarke and Mr. Clarke will begin their third Course of Lectures on Midwifery and the Diseases of Women and Children, on Monday, January 24th, 1814. The Lectures are read at the house of Mr. Clarke, No. 10, Upper John-street, Golden-square, every morning from a quarter past ten to a quarter past eleven, for the convenience of students attending the hospitals.

Dr. Merriman, Physician-Man-Midwife to the Middlesex Hospital, the Westminster General Dispensary, and the Parochial Infirmary of St. George, Hanover-square, will recommence his Course of Lectures on Monday, January 24th, at half-past ten o'clock, at the Middlesex Hospital.

Mr. Singer will commence a Course of Lectures on Experimental Philosophy, on Tuesday the 18th of January. The Lectures will be continued on the succeeding Tuesdays and Fridays.

Mr. Stevenson, Surgeon-Oculist and Aurist to her Royal Highness the Princess of Wales, Member of the Royal College of Surgeons, &c. will recommence his annual Course of Lectures on the Anatomy, Physiology, and Diseases of the Eye and Ear, including their medical and surgical treatment, on the 25th of January.—The introductory Lecture will be delivered by Mr. Stevenson, at his house, 105, Great Russel-street, Bloomsbury-square, precisely at eight in the evening, to which medical practitioners and students may, as usual, have free admission.

LONDON PRICES OF DRUGS.—Dec. 24.

(To be continued regularly.)

	£.	s.	d.	£.	s.	d.	per
Aloes Barbadoes, from	21	0	0 to	22	0	0	C.
—— Cape	9	10	0..	10	0	0	—
—— Succotrina	20	0	0..	0	0	0	—
—— Epatica or E.I.	10	0	0..	12	0	0	—
Angelica Root	15	0	0..	16	10	0	—
Alkanet Root	9	15	0..	10	10	0	—
Antimony Crude	3	15	0..	4	6	0	—
Aqua Fortis	S.	0	8..	D.	1	1	lb.
Arrow Root fine	0	2	0..	0	3	6	—
—— ordinary	0	1	0..	0	1	6	—
Arsenic Red	6	10	0..	6	15	0	C.
—— White	3	10	0..	3	12	0	—
Balsam Capivi	0	5	6..	0	0	0	lb.
—— Peru	0	19	0..	1	0	0	—
—— Tolu	0	12	0..	0	0	0	—
Bark Jesuits Com.	0	3	6..	0	4	0	—
—— Second	0	6	0..	0	7	0	—
—— Quil or best	0	8	0..	0	10	0	—
—— Red	0	7	0..	0	10	0	—
—— Yellow	0	4	6..	0	5	0	—
Borax refined E.I.	5	10	0..	6	0	0	C.
—— English	0	2	8..	0	0	0	lb.
—— unrefined or Tinc.	6	0	0..	0	0	0	C.
Camphire refined	0	6	9..	0	0	0	lb.
—— unrefined	24	0	0..	25	0	0	C.
Cantharides	0	11	6..	0	11	9	—
Cardamoms (best)	0	7	6..	0	0	0	lb.
Cassia Buds	12	0	0..	}	0	0	C.
—— Fistula W.I.	12	0	0..	} in bond			—
—— Lignia	12	0	0..	}	0	0	—
Castorum American	2	14	0..	2	16	0	lb.
—— Russia	11	0	0..	0	0	0	—
Castor Oil per bottle 1½ lb.	0	3	9..	0	4	3	bo
Coculus Indicus	3	0	0..	0	0	0	C.
Colocynth Turkey	0	5	0..	0	5	6	lb.
Columbo Root	2	15	0..	3	0	0	C.
Cream of Tartar	8	10	0..	9	5	0	—
Gallangal East-India	5	0	0..	0	0	0	C.
Gentian Root	4	10	0..	0	0	0	—
Ginsang	0	1	6..	0	0	0	lb.
Grains of Guinea	5	10	0..	6	0	0	C.
Gum Ammo. Drop	30	0	0..	0	0	0	—
—— Lump	8	0	0..	9	0	0	—
—— Animi	3	10	0..	7	10	0	—
—— Arabic E.I.	2	0	0..	4	0	0	—
—— Turkey Fine	8	10	0..	9	9	0	—
—— Barbary	6	0	0..	7	0	0	—
—— Assafœtida	10	0	0..	15	0	0	—
—— Benjamin	8	10	0..	35	0	0	—
—— Cambogium	20	0	0..	26	0	0	—
—— Copal scraped	0	2	0..	0	3	6	lb.
—— Galbanum	16	0	0..	20	0	0	C.

	£.	s.	d.	£.	s.	d.	per
Gum Guaiacum, from	0	2	6 to	0	3	0	lb.
—— Mastic	0	4	6..	0	4	9	—
—— Myrrh	15	0	0..	18	0	0	C.
—— Olibanum	6	0	0..	7	0	0	—
—— Oppoponax	80	0	0..	0	0	0	—
—— Sandrac	6	10	0..	8	0	0	—
—— Seneca Garbled	5	2	0..	5	5	0	—
—— Tragacanth	36	0	0..	38	0	0	—
Jalap	0	5	0..	0	5	3	lb.
Ipecacuanha	0	16	0..	0	0	0	—
Isinglass Book	0	12	0..	0	13	0	—
—— Leaf	0	12	0..	0	13	0	—
—— Long Staple	0	12	0..	0	13	0	—
—— Short Staple	0	12	0..	0	13	0	—
Manna Flakey	0	8	0..	0	8	6	—
—— Sicily in Sorts	0	5	0..	0	0	0	—
Musk China	0	18	0..	1	0	0	oz.
Nux Vomica	3	0	0..	3	10	0	C.
Oil of Vitriol	0	0	3¾	0	0	0	lb.
Opium East-India	0	19	6..	1	0	0	—
—— Turkey	1	2	0..	0	0	0	—
Pink Root	0	5	0..	0	0	0	—
Quicksilver	0	4	6..	0	4	8	—
Rhubarb East-India	0	3	0..	0	5	0	—
—— Russia	0	14	0..	0	0	0	—
Saffron Spanish	1	10	0..	1	15	0	—
—— French	1	10	0..	0	0	0	—
Sago	6	0	0..	6	10	0	C.
Sal. Ammoniac	10	10	0..	11	0	0	—
Sarsaparilla	0	3	0..	0	3	6	lb.
Sassafras	8	0	0..	9	0	0	T.
Scammony Aleppo	1	3	0..	1	5	0	lb.
—— Smyrna	0	10	0..	0	12	0	—
Senna	0	3	0..	0	0	0	—
Seeds Anni Alicant	6	0	0..	6	10	0	C.
—— Coriander English	1	10	0..	1	16	0	—
—— Cummin	6	0	0..	7	0	0	—
—— Fenugreek	1	15	0..	2	0	0	—
Shellack	7	0	0..	8	8	0	—
Sticklack	6	0	0..	8	0	0	—
Snake Root	0	16	0..	0	0	0	lb.
Soap Castile or Spanish	10	0	0..	11	0	0	C.
Spermaceti refined	0	2	7..	0	0	0	lb.
Tamarinds West-India	8	10	0..	9	0	0	C.
Tapioca Lisbon	0	0	8..	0	1	0	lb.
Turmeric Bengal	3	3	0..	0	0	0	C.
—— China	4	5	0..	4	15	0	—
—— West-India	6	10	0..	7	0	0	—
Verdigris Wet	0	3	6..	0	0	0	lb.
—— Dry	0	5	10..	0	0	0	—
—— Crystallized	0	8	6..	0	8	9	—
Vitriol Roman	0	0	7..	0	0	0	—
—— Foreign white	3	10	0..	3	15	0	C.

Price of Vials per Gross.—8 oz. 70s.—6 oz. 58s.—4 oz. 47s.—3 oz. 43s.—2 oz. 36s.—1 oz. 30s.—½ oz. 24s.

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At recent Sales of Merchandize by Auction, *Messrs.* PISTOR *and* Co. sold 26 Chests of Yellow Bark, 3s. 1d. to 4s. per lb.—3 Chests Gum Benjamin, duty paid, 29l. 16s. to 30l. 15s. per Cwt.—5 Chests ditto, in bond, 16l. 10s. per Cwt.—2 Chests Gum Myrrh, 20l. 15s. per Cwt.—11 Barrels White Arsenic, 68s to 69s. per Cwt.—18 Bags of Turmeric, 92s. to 100s. per Cwt.—2 Casks Gum Arabic, 7l. 15s. per Cwt.

METEOROLOGICAL REGISTER.

From November 25, to December 25, 1813.

Kept by C. BLUNT, Philosophical Instrument Maker, No. 38, Tavistock-Street, Covent-Garden.

Moon.	Day.	Wind.	Barometrical Pressure. Max.	Min.	Temperature. Max.	Min.	
	26	SE	30·23	30·10	47	42	Fair
	27	W	29·32	29·26	49	45	Fair
	28	SW	30·24	29·48	50	44	Cloudy
	29	W	29·75	29·50	51	42	Cloudy
	30	W	29·27	29·03	49	31	Fair
◐	1	E	29·47	29·42	36	34	Fair
	2	SE	29·31	29·07	37	36	Rain
	3	SE	29·24	29·05	42	39	Rain
	4	EbN	29·47	29·33	44	39	Foggy
	5	E	29·56	29·50	41	39	Foggy
	6	NE	29·79	29·74	41	39	Fair
○	7	N	29·79	29·78	41	39	Fair
	8	N	29·81	29·77	42	41	Fair
	9	N	29·94	29·88	41	40	Foggy
	10	NE	30·10	30·08	40	38	Fair
	11	E	30·19	30·06	37	35	Fair
	12	E	30·79	29·87	35	32	Fair
	13	E	29·83	29·74	32	30	Cloudy
◑	14	SE	29·92	29·90	30	26	Fair
	15	SW	29·87	29·70	32	26	Fair
	16	W	29·50	29·40	47	32	Rain
	17	SW	29·44	29·27	50	47	Rain
	18	SW	29·16	29·14	55	49	Rain
	19	SW	29·20	29·15	51	44	Cloudy
	20	W	29·42	29·29	43	35	Fair
	21	W	29·61	29·46	40	32	Rain
●	22	NW	29·55	29·41	46	42	Fair
	23	SW	29·92	29·70	44	37	Fair
	24	SW	30·04	29·92	50	44	Cloudy
	25	W	30·07	30·03	50	46	Cloudy

Mean Height of the Barometer, 29·655.—Mean Temperature, 40·64.

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